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Today

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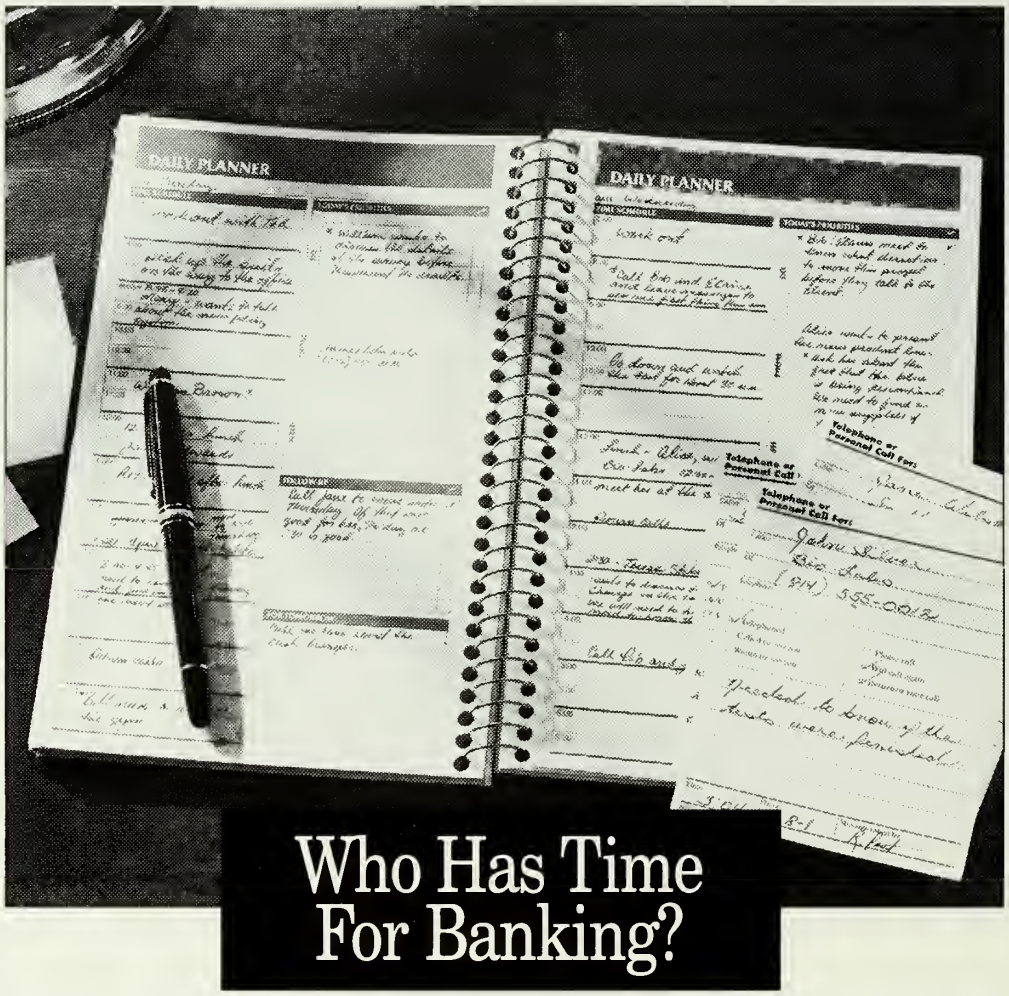
1995-96 Annual Report



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Medical College of Georgia Today

Volume 25, Number 1 Fall 1996

Introduction

In light of all the changes marking today's health care environment, it's comforting to be reminded of the common denominator through it all: good health. Health care practitioners enter the field because they care about people and want to keep them healthy, or make them better if they're ill. The articles in this edition of *Medical College of Georgia Today* attest to our effectiveness in doing just that.

A scant generation ago, physicians had little clue about the health of an unborn baby. Today, we have loads of information—and use it to give babies their best shot at living a full, healthy life. Good perinatal care, as practiced at the MCG Perinatal Center, not only saves lives, but saves untold suffering and expense by ensuring that problems are addressed very early in the game.

And we never forget our primary mission: to impart all of this wonderful knowledge and know-how to students. Read about how distance-learning technology enables us to teach students throughout the state without them having to leave their local area.

We also realize that as tempting as it is to concentrate all our efforts on second-to-none health care, research and education, we live in the real world and must keep pace with changes. MCG Hospital and Clinics is responding to an increasingly cost-conscious environment by becoming more efficient and cost-effective than ever. The result not only enhances patient care, but provides an ideal model in which to train our students. Read about it in the Medical College of Georgia Hospital and Clinics Annual Report inside.

And as always, we express our most heartfelt appreciation to the donors listed in the Benchmark section of the magazine. Your support has never been more important than it is today. We're happy to present you this magazine to showcase the wonderful results of your generosity.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President, Medical College of Georgia

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The MCG Interdisciplinary Research Building.

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STACKING THE

Labor Day weekend 1995, Christy Flagler had a dream.

She dreamed that something was wrong with her unborn child's intestines. "That's the only thing I remember, but I remember it being really bad and I remember being scared of her then and I didn't want to be near her in my dream," Christy said.

Just a week before Christy delivered her second child, her dream came to life on an ultrasound screen. She and husband Steve watched as the image of their unborn baby unfolded, first a perfect head, then downward to the abdomen that looked strangely empty. "I said, 'Steve, there is something wrong.'"

Christy met Steve several years before when she went to work as legal secretary in the Savannah, Ga., law firm where he worked; it was basically love at first sight. Their first child, Caroline, was healthy and beautiful and they had no reason to suspect their second would be anything else. "It never occurred to me that there would be anything wrong with our baby," Steve said. "It was such a shock, it was hard to feel much else." Christy didn't share Steve's surprise, only his devastation. Between her dream, a

similar dream her grandmother had and an odd feeling she had throughout her pregnancy that something just wasn't right, Christy believed—before the ultrasound—that something was very wrong.

The couple would learn that their unborn baby had a rare defect in the muscular layer that helps breathing and separates the contents of the chest and abdomen. Four pieces of muscles that should have come together to form the diaphragm left a gaping hole instead. This diagnosis of diaphragmatic hernia brought the Flaglers and their unborn baby to the Medical College of Georgia Perinatal Center.

It's because so many things can happen during pregnancy, delivery or immediately thereafter that perinatal centers were born.

"The true degree of difficulty this baby may have right out of the box is not going to be known automatically for sure," said Dr. Lawrence D. Devoe, Chief of the Section of Maternal-Fetal Medicine and recently named Chairman of the Department of Obstetrics and Gynecology. "There isn't anything on the ultrasound examination that tells you how sick this baby is truly likely to be. So it's important to be prepared for all eventualities. That's really where mobilizing the resources of a perinatal center comes to the fore."

Problems handled at the MCG Perinatal Center can begin with the mother's own health, such as uncontrolled diabetes or hypertension resulting from or worsened by pregnancy. These days, the simple fact that many older women are giving birth necessitates perinatal services. A growing list of problems with the developing baby may be diagnosed and treated either prior to or immediately after birth, Dr. Devoe said, including diaphragmatic hernias, fetal heart defects or arrhythmias, urinary tract obstructions and spinal cord defects. "It runs the whole gamut of medical problems that can occur either as a consequence of pregnancy or independent of pregnancy that arise to complicate pregnancy," Dr. Devoe said.

These complex problems call for a correct—and ideally early—diagnosis, which may include genetic testing, counseling and preparing for birth, Dr. Devoe said.

The bottom line of perinatal centers is identifying situations jeopardizing the mother-to-be, her unborn baby or both, then mobilizing resources to ensure that every base is covered.

When the experienced eye of Dr. Suneet P. Chauhan, MCG maternal-fetal medicine specialist, looked at the near-term ultrasound of Christy and Steve's baby, he saw the heart pushed aside by the stomach. It was obvious to him that the abdominal contents had found their way through the hole in the diaphragm and were crowding the baby's heart and lungs. The crowding meant the lungs didn't have enough room to develop. A key question was whether there was enough lung tissue to sustain their baby's life. Generally if the displacement of organs occurs prior to 25 weeks gestation, there is little chance, but a previous ultrasound at 20 weeks gave no indication that this had occurred in the Flaglers' baby.

Many babies with diaphragmatic hernias are born prematurely because of pressure from excess fluid in the uterus resulting from their abnormal swallowing or urinating. Many have other birth defects, including heart problems and potentially lethal chromosomal defects. Many of these babies die before they are born.

"When a woman gets pregnant in this country today, her chances of losing the baby are about nine out of 1,000," said Dr. Chauhan. The situation Christy faced put her odds at more like seven out of 10. "That is astronomical."

With delivery imminent, staff at the MCG Perinatal Center rallied to help the Flaglers battle the odds.

"It all happened very quickly," Steve said. "We found out on Tuesday that something was wrong. We found out on Thursday that we were going to Augusta. Friday morning we went there." That Monday, Sept. 18, 1995, Gabby Flagler was born.

Christy was beginning to dilate by the time she arrived at MCG Hospital and met with Dr. Chauhan. He quickly performed an amniocentesis to check for the potentially lethal chromsomal abnormalities that would preclude the need for surgery. She also met Dr. Jatinder J.S. Bhatia, Chief of the MCG Section of Neonatology, and Dr. David Rogers, pediatric surgeon.

In a few days, the young couple would learn much about the seriousness of their baby's illness. "I wanted to know everything. I wanted to prepare myself," Christy said.

"We stress to the family over and over again before delivery what's going to happen because often there is no time to talk at the time of delivery," Dr. Bhatia said.

"When the baby is born, many times you have to act very quickly," Dr. Rogers said. He likes to bring textbooks and pictures with him to help parents understand a diaphragmatic hernia or any other problem they face. "One of the hardest things I think is the parents of a newborn who have a major medical problem and they were expecting what we all were expecting with our own children: to go home with a healthy baby. [Instead] you are asking these new parents to make major decisions about major problems where many times the complications are significant and include death."

Within her first hour of life, Gabby Flagler saw more doctors than many people see in a lifetime.

Before she took her first breath, Dr. Bhatia and a team including a neontaology fellow, neonatal respiratory therapist and nurse were at Gabby's bedside in Labor and Delivery, inserting a tube into her trachea so a machine could breathe for her and giving her a drug to keep her immobile. "If you allow the baby to cry and breathe, it fills up the intestines, further compromising respiration. It's like putting a balloon inside the chest and blowing it up," Dr. Bhatia said. A pediatric cardiologist examined her heart; Dr. Rogers examined Gabby and X-rays of her chest and abdomen.

"I told them before I had her, 'Do not show me the baby...because she's going to die,'" Christy said. "They told me I would change my mind. They told me she was beautiful." A staff member brought her a Polaroid and a few agonizing hours later, Christy went to her baby. "I just fell in love with her and I was so scared."

Gabby had been taken immediately to the Neonatal Intensive Care Unit in the MCG Children's Medical Center and her oxygen and carbon dioxide levels were checked. "If the carbon dioxide is too high, despite maximum ventilatory assistance, that means that the baby is in respiratory failure and may not have enough lung to survive," said Dr. Bhatia.

Numbers become very important at that point, as the team monitors how well the baby—with the help of a ventilator—is taking in oxygen and eliminating carbon dioxide. CMC pediatric surgeons look for three to five days of good, stable oxygenation before they operate. That's a very different approach to days past when Gabby would have

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been whisked off to the operating room for surgery in which the abdominal contents are put back where they belong and the diaphragm is closed, often with the help of a durable, manmade material used for rain suits. Experience has shown that it's better to wait a few days. If the baby doesn't have enough lung tissue to survive the newborn period, surgery won't help no matter when it's done. But those first few days after birth can be volatile for any baby with a diaphragmatic hernia. And taking the baby immediately to surgery can exacerbate that volatility.

In utero, surgeons shunt blood away from the lungs and to the placenta which provides needed oxygen and nutrients. At birth, when the umbilical cord is clamped, some valves in the vascular system close, the lungs expand and pressures inside blood vessels are supposed to drop. However excessive fluids and resulting increased pulmonary vascular resistance can cause the circulation of these babies to return to the fetal state; but this time there is no placenta. "Things are going in the wrong direction. The oxygen gets so low, the baby could die," Dr. Rogers said.

"You have a normal baby otherwise with a diaphragmatic hernia you can't ventilate," echoed Dr. Charles G. Howell, Chief of the Section of Pediatric Surgery. "With the maximum ventilatory support we could give the child, he would not survive."

Extracorporeal membrane oxygenation (ECMO), the oxygenation of blood outside the body while the heart and lungs rest for days or even weeks if necessary, has given these babies an edge. "We give the baby a placenta; we give him ECMO," Dr. Howell said. ECMO can help keep babies alive while whatever is triggering the misdirected circulation—it may be high pulmonary vascular resistance in the face of low oxygen levels and acidosis—is normalized.

"Some of these babies are relatively stable from the outset," Dr. Rogers said. "Others do well for a while then decompensate or they decompensate from the very beginning. You don't anticipate. You tell the family that one of these things may happen. You have to talk about ECMO as a possibility."

"If a baby doesn't need ECMO, it either means he's doing pretty well on whatever lung he has or that he doesn't have enough lung and ECMO won't help him survive," Dr. Bhatia said. "That becomes a turning point."

Gabby took a fortunate turn; her oxygen levels looked good with standard ventilation. What she needed was surgery to correct the defect, the vigilant care of the neonatal intensive care staff and the love of her mom and dad.

Steve Flagler spent 10 days in Augusta at Gabby's bedside; Christy spent three weeks. "I had to get back to Savannah to work and to Caroline," Steve said. Weekends, he and Caroline would come to see 'Mommy' and Gabby. Weekdays, the young couple spent every night on the telephone trying to comfort each other. "I don't know how we would have made it if we hadn't had such incredibly nice people in Augusta," Steve said.

Today the Flaglers live in Atlanta and make periodic visits back to Augusta and Dr. Rogers. "At this point she's developing normally," her pediatric surgeon said. Her lungs should continue to grow for 10 more years and experience has shown that babies who survive as Gabby has typically show no long-term effects of their frantic first days.

Gabby's dad would agree. "Except for that little scar, you'd never know it." ■

—TONI BAKER

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Up Close and Personal

Watching your own image fill a TV screen while you teach students 120 miles away conjures up a new image for the phrase 'up close and personal.'

Dr. Charlotte Johnston, Chairman of the Department of Health Information Management at the Medical College of Georgia, enthusiastically embraced distance-learning technology because it eliminated her weekly trek to Clarkston, Ga., to teach health information management courses at DeKalb College.

These weekly treks began in 1993—a reflection of Dr. Johnston's strong sense of professionalism. Lynn Thomas Gordon, then Director of Health Information Management at Piedmont Hospital in Atlanta and an MCG graduate, told Dr. Johnston a number of Atlanta-area health care personnel wanted to earn baccalaureate degrees in health information management, but no program was available in the area.

"She asked me if I would consider teaching courses in Atlanta [leading to an MCG degree]," said Dr. Johnston. "She kept after me until I finally agreed to visit. They had a luncheon at Piedmont Hospital when I interviewed 26 prospective students."

After returning to MCG and discussing it with Dr. Biagio Vericella, Dean of the MCG School of Allied Health Sciences, he agreed it was a great idea but no funding was available. Undaunted, Dr. Johnston applied for a grant but was not funded. However, the people in Atlanta persevered.

Brenda Bell, Health Information Management Director at Atlanta's St. Joseph Hospital, contacted Dr. Johnston and offered her a classroom with carte blanche services if she would come to Atlanta and teach one course per quarter.

"I was unable to resist such enthusiasm, so I talked to Dean Vericella again and he agreed to let me go to Atlanta on Saturdays and teach a course," said Dr. Johnston.

For one year, Dr. Johnston was on the road at 5 a.m. every Saturday and taught a three-hour class beginning at 8 a.m., ate lunch and then returned to Augusta. Several months later, Lela McFaran, Director of Health Information Management at West Paces Hospital in Atlanta, contacted Darlene Calcutt at DeKalb College in Clarkston, Ga., and suggested moving the course to its campus. Arrangements were made and DeKalb College

became the new home for the program. The academic setting, with a library, computer lab and other facilities available, was an improvement for the students and a shorter drive for Dr. Johnston. But then something even better came along: distance-learning technology.

"When [MCG] received the equipment in 1994, Dr. Paul Brucker (Director of Continuing Education) asked for volunteers to use it," said Dr. Johnston. "I welcomed the opportunity."

The technology allowed Dr. Johnston to teach the class via a two-way interactive voice and color television system, enabling students to earn MCG diplomas from their hometown 150 miles from Augusta without having to step foot on campus.

The MCG administration applauded Dr. Johnston's efforts.

"We were really excited about the program," said Dr. Barry D. Goldstein, MCG Vice President for Academic Affairs. "And we were happy to offer the only health information management program in the university system to the Atlanta area."

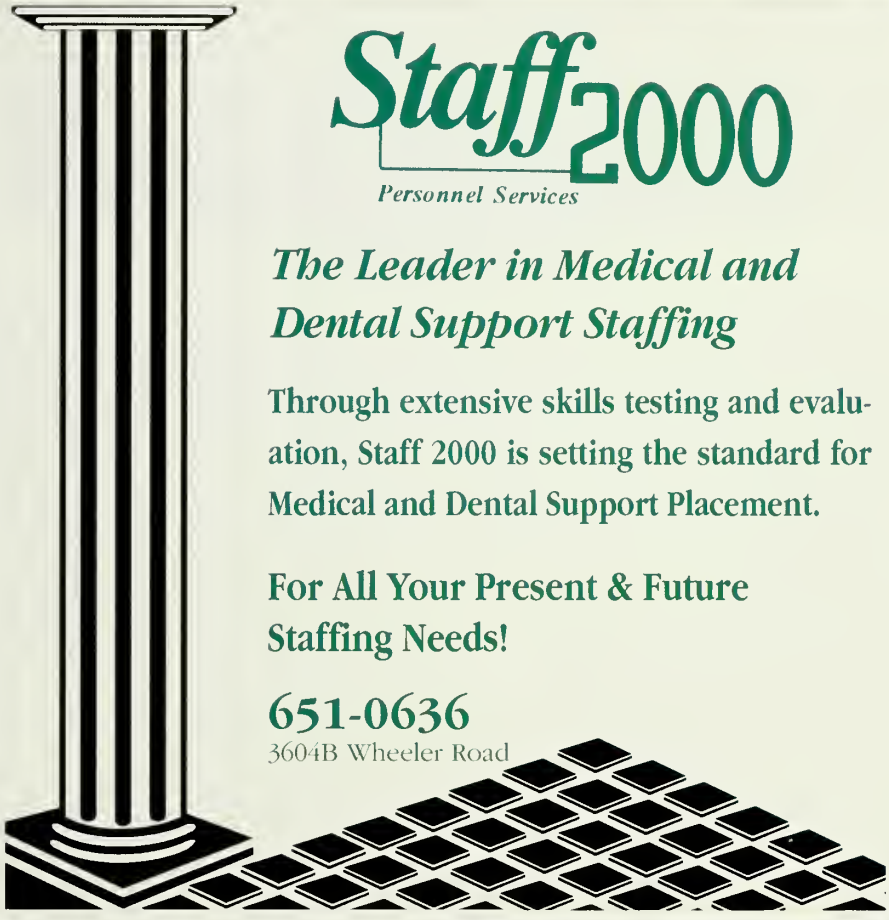
Learning to teach with the new device demanded that Dr. Johnston modify her teaching style. One of the hardest things to become accustomed to, she said, was looking at the student, not at the monitor, when answering a question. When Dr. Johnston teaches both Augusta and Atlanta students, she thinks of the "distance students" as sitting in a balcony instead of miles away in another classroom.

The routine has since become familiar and in some ways is easier than teaching in a traditional classroom, she said. By using a specialized Elmo camera, Dr. Johnston can show her students enlarged illustrations, slides and even computerized images.

"You don't have to move to do anything you want because everything's right there at your fingertips," said Dr. Johnston. "If I decide just before class to show the students an illustration from a book, I can simply place it under the camera. I don't have to prepare a slide or transparency as I would in a traditional classroom."

For their efforts in establishing the first health information management courses to be taught in Georgia using distance-learning technology, Dr. Johnston, Ms. Gordon, Ms. McFaran and Ms. Bell were awarded the American Health Information Management Association's Educator-Practitioner Award in 1995. The award honors educators and practitioners who have made a significant contribution through cooperative efforts in educating health information managers and technicians.

Dr. Johnston said it would have been



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impossible to implement the program without the support of her Atlanta colleagues. "They are the reason I did it in the first place. A lot of people are enthusiastic about something until it gets started, but then the enthusiasm wanes," said Dr. Johnston. "These people never let me down; they are terrific."

She also reserves praise for the students involved, who earned their MCG diplomas last spring. "I could not have done this without three special students: Jane Downer, Rick Milam and Sandra Korschgen, who were the first three distance-learning graduates of the program," she said. "From attending classes in a hospital setting to having classes at DeKalb College and then through distance-learning, they are the real pioneers." (See *Distance-Learning Pioneers.*)

Although Dr. Johnston considers distance-learning an invaluable teaching tool, she never loses sight of the ultimate goal: to train practitioners for this vital medical service. Many years ago, an upsetting incident at Tampa General Hospital kindled Dr. Johnston's interest in health information management, then known as medical records.

One summer while in college, Dr. Johnston typed a history and physical for a patient scheduled for surgery the following day. The resident dictating the report mistakenly said the tumor to be removed was in the patient's left eye instead of the right eye. This mistake caused the removal of the patient's healthy eye.

"The first thing I did was to go back and listen to the tape to see whether I had typed the wrong word," said Dr. Johnston. "But the resident said the left eye when he really meant the right eye. Then I realized that one word in his medical record caused this man to be blind for the rest of his life."

Realizing that medical records were a vital part of patient care and not merely paperwork, Dr. Johnston began investigating the field. To her disappointment, she learned there was no school offering a baccalaureate degree at that time in Florida and MCG was the nearest school.

"My view of Georgia was that sandy, scrubby-looking part of Georgia that bordered north Florida and I didn't even care for north Florida too much," said Dr. Johnston. "But I decided I could stand anything for two years."

However, her feelings toward Georgia changed as her two years of training grew into six. Dr. Johnston graduated in the program's first class and later completed her master's degree in anatomy at MCG. After a 10-year stint consulting, she joined the Department of Medical Records faculty in 1981. At that time, the faculty also managed the Medical Records Department in the hospital, which boasted the latest technology with an IBM keypunch and sorter machine and information recorded on Hollerith cards.

"That was considered really progressive in those days because most hospital departments had information typed on 3-by-5 cards," said Dr. Johnston. "If a doctor wanted to know how many patients with appendicitis we had, we could pull a drawer of cards out, run them through the sorter and give him or her the information requested in five minutes. And if a printed list was needed, the hospital's Data Processing Department could do that in a couple of hours."

Dr. Johnston predicts the demise of paper medical records in her lifetime as well as a greater demand for health information management personnel. With downsizing prevalent in the health care industry, this profession is one of the few flourishing.

As the profession has grown from Hollerith cards to advanced computerization, changing the name of the profession from medical record administration to health information management is also indicative of reform. Some of the clerical

functions such as filing will disappear, but the need for information managers will remain. In addition to the traditional job of medical record manager in acute-care hospitals, careers are now available in government, insurance companies, legal firms, computer industries, managed care groups and other non-traditional settings.

Dr. Johnston does not believe automation will replace the human element. Although the technology is available to program computers to code cases, no programmer can understand every possible combination of diagnosis, operating procedure and complication.

"The human brain is still the fastest computer and it is self-programmable," said Dr. Johnston. "It will still be needed to answer questions, make decisions and program the computers."

Dr. Johnston stressed that staying continually open to new ideas is the key to ensuring that health information management remains a vibrant, evolving force—especially when it's examined 'up close and personal.' ■

—CAROLE JONES SMITH

DISTANCE LEARNING

PIONEERS

Editor's note:
This article profiles the learning experiences of the first three graduates of MCG's distance-learning program in health information management.

DR. JANE DOWNER

Dr. Jane Downer received her Ph.D. in anatomy from the University of Illinois Medical Center several years ago and taught at Morehouse Medical School in Atlanta before her children were born. When her twins turned 8 years old, she started looking for an occupation to utilize her background.

"I didn't want to do anything drastic," said Dr. Downer. "I just wanted to get my feet wet since I had been out of the field for so long."

After enrolling in Dr. Johnston's class at DeKalb College, she discovered the versatility of the profession.

"Health information management is a very versatile degree that's needed in all medical fields to ensure integrity and confidentiality," she said.

Dr. Downer commends MCG for expanding the curriculum from two years to three, thereby allowing students to maintain full-time jobs while attending school. She credits Dr. Johnston for making the program accessible to those outside the Augusta area.

"She, almost single-handedly, opened up a whole other field that otherwise would not have been available," said Dr. Downer. "The sheer force of her will made this come about because she sensed a commitment to the profession and nothing was going to stand in her way."

However, Dr. Downer initially dreaded the transition to a distance-learning classroom.

"Ours were seminar-type classes with a lot of interaction," said Dr. Downer. "At first, I didn't see how that could continue [with distance-learning]. But I found it's like speaking to a friend on the telephone: you visualize the image and forget the distance."

SANDRA KORSCHGEN

MCG's distance-learning program in health information management provided career number six for Sandra Korschgen. Having worked as a legal records manager for 20 years, she began searching for a new career to use her management experience. She started classes at St. Joseph Hospital in Atlanta, and when the distance-learning program began, she found the transition relatively easy.

"Having [Dr. Johnston] as the same professor definitely made the change easier," said Ms. Korschgen.

Attaining a degree in health information management enabled Ms. Korschgen, along with MCG students Tracey Peabody, Jennifer Peale and Sherry Smith, to travel across the United States this summer collecting data for a study on the use of corticosteroids in treating high-risk pregnancies.

The National Perinatal Information Center selected the four seniors from a pool of applicants representing 25 health information management and medical records training programs to visit hospitals in 14 states.

"It's a great experience to be able to meet people in this field across the country and to see different systems of record management," said Ms. Korschgen.

Dr. Johnston added that all four students delayed accepting full-time jobs to participate in the study.

"I was very pleased they chose all four participants from MCG," said Dr. Johnston. "It's a wonderful opportunity and it will certainly look impressive on their resumes."

RICK MILAM

In 1989, after earning an associate of science degree at DeKalb College, Rick Milam began working in health information management at Emory. He soon discovered a desire for the baccalaureate degree in the field.

"A lot of work in health information management is done on a piece-meal basis," said Mr. Milam. "It's difficult to develop an understanding of the whole picture of record management without further education."

Mr. Milam works as a coder at Emory who assigns one of the 500 to 700 diagnosis-related group (DRG) codes to patients. Initiated by Medicare, the codes are used to determine reimbursement from insurance companies as well as provide a data base for studying diseases.

"Coders need a strong background in anatomy and physiology and disease processes," said Mr. Milam. "I feel fortunate to work at a teaching hospital because of the diversity of medicine practiced here. It is a special opportunity for a coder."

He also rose to the challenge of making the transition from a traditional classroom to distance-learning to earn his degree.

"The main thing we had to get used to was not speaking at the same time because the equipment only processed one voice at a time," said Mr. Milam. "If two people spoke at the same time, neither voice could be heard." He reserves high praise for Dr. Johnston, "I think we were very fortunate to have Dr. Johnston make the program possible."

She shies away from personal praise for her sacrifice of time. "Helping young people get started is vital to our profession," said Dr. Johnston. ■

—CAROLE JONES SMITH

'Physician assistant'

isn't quite a household term, yet the profession has been around longer than personal computers, microwave ovens and cellular phones—nearly 30 years. If physician assistants are one of the best-kept secrets in health care, it's probably because there aren't very many of them (less than 25,000) and they do so many different things.

"A physician assistant is a kind of physician extender," said Bob Stowers, a physician assistant in the Medical College of Georgia Section of Plastic and Reconstructive Surgery. "A P.A. can handle many of a physician's routine duties so the physician can do more things.

"What physician assistants do depends on the physician they are teamed with. At MCG, physician assistants are involved with patients from admission to discharge. They attend patients on admission and report any problems to the physician."

At MCG Hospital and Clinics, physician assistants work in surgery, including general, pediatric, plastic, thoracic and neurosurgery; and internal medicine, including infectious diseases, cardiology and endocrinology. They also work in family medicine, emergency medicine, obstetrics and gynecology, ophthalmology and in the kidney/pancreas transplant program. They evaluate and prep patients pre-operatively, perform physical examinations, order and evaluate routine laboratory tests, read X-rays and electrocardiograms and complete patient-related paperwork. In many states including Georgia, P.A.s can prescribe medicine.

"In surgery practices, physician assistants attend the patient to the operating room and may assist the attending physician during the surgery. They take care of the patient after the operation and during follow-ups," Mr. Stowers said.

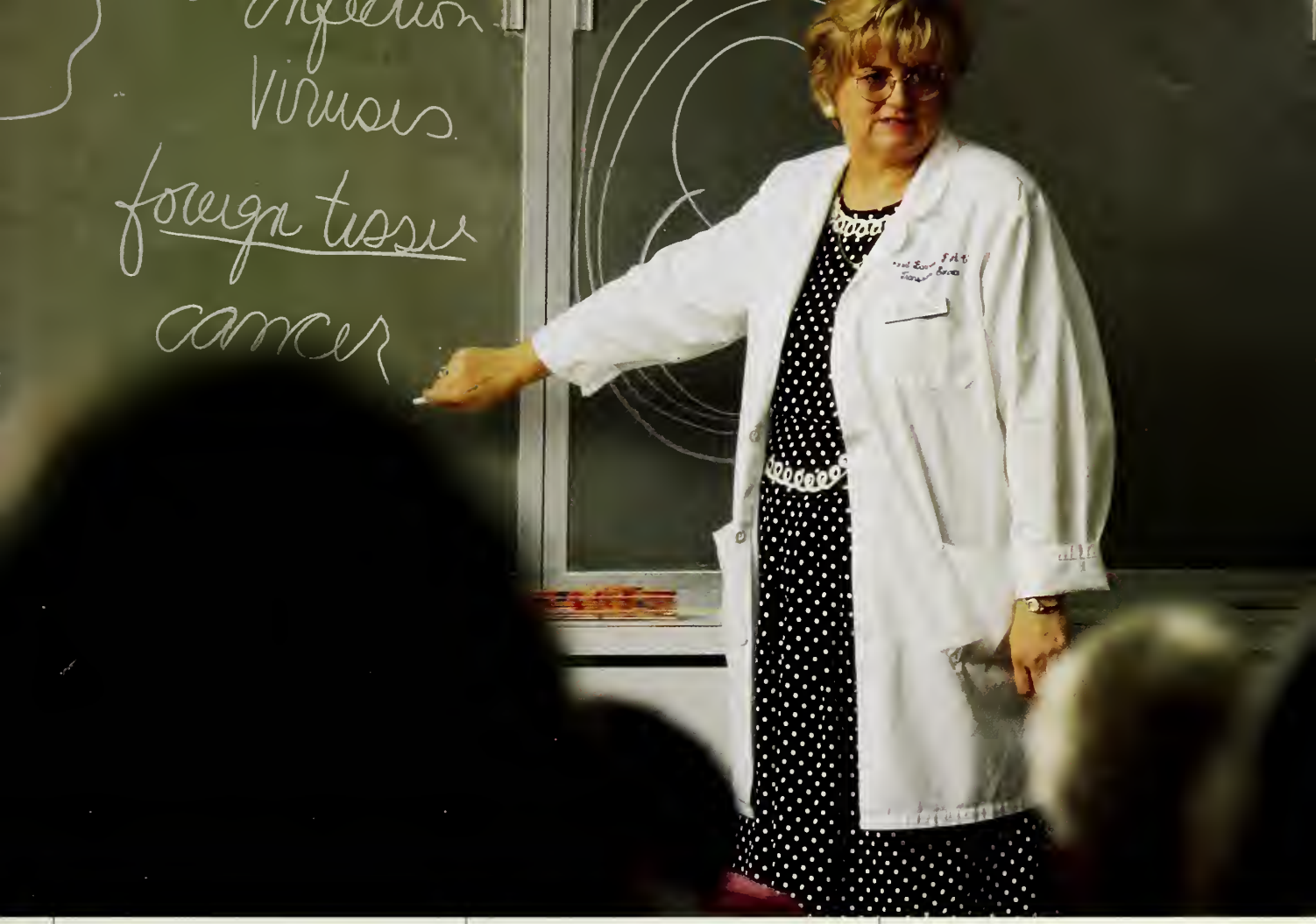
Physician assistants do all this and sometimes more, but they do it under the supervision of physicians and are known as dependent practitioners. In Georgia, each physician may supervise up to two physician assistants.

The basic idea of the physician assistant originated in the 1960s. While most of America was watching the war in Vietnam on the 6 o'clock news, Dr. Eugene Stead of Duke University and others like him were also worrying about the state of health care in rural America. The increasing specialization of medicine and the growth of giant urban medical complexes were keeping more doctors in the cities and suburbs. The house call was virtually dead, and many areas of the country were—and still are—medically underserved.

Meanwhile, medical corpsmen, trained by the military in basic medical treatment, were leaving military service only to find that the civilian health care establishment did not recognize their skills and experience. Men who had sewed up wounds and splinted broken bones, who ran emergency facilities in remote areas, who in the jungles of Vietnam had clamped off spurting arteries while praying for the medical evacuation helicopter to arrive, came home to find that the best job their local hospital would offer them was...orderly.

Dr. Stead saw a need to be filled and a resource going to waste. He decided to put them together and founded the first physician assistant program at Duke University in 1965.

As Ed Huechtker, Associate Director of the MCG physician assistant program and one of the first Duke graduates recalled, "Dr. Stead saw physician associates—that's what he called them—as the successors of the old country doctors, who had a lot less training than physicians today." Physician assistants were to manage the routine examinations, minor illnesses and small injuries that make up a large part of what is today called a primary-care practice. However, it wasn't long before Dr. Stead and others realized that the physician assistant concept



appealed to more than ex-corpsmen and that an ever more complex health care system had other roles for them as well. Similar programs were soon established in other parts of the country. MCG, for example, graduated its first class of physician assistants in 1974.

To practice, physician assistants must graduate from a program approved by the American Medical Association, such as the one at MCG, and pass a national board examination. And in most states, including Georgia, they must also have state certification. Most of MCG's nearly 30 physician assistants graduates of the MCG physician assistant program. Here's a brief glimpse of three of them and their contributions to fulfilling the MCG mission of delivering health care and training tomorrow's health care team:

Janet Barnett: Family Values 101

All it took for Janet Barnett to find her niche in health care was a kidney transplant. Not hers, somebody else's. Part of her training as a student in the MCG physician assistant program was a vascular surgery rotation. The day she scrubbed in for a kidney transplant, she suddenly knew what she wanted to do.

That was 14 years ago. Now Ms. Barnett is Clinical Administrator of the MCG Kidney/Pancreas Transplant Program and still as excited about her work as she was that day in surgery.

"We've been using physician assistants almost 20 years," said Dr. Arthur Humphries, Chief of the Kidney Transplant Program. "They've been invaluable. There are so many things that have to be done to get patients ready for transplants. The P.A.s are well-trained and they know the routine very well. It's worked out beautifully for us."

When Ms. Barnett first started with the kidney transplant program, she assisted in surgery and took care of patients on the floor. Now she and the program's three other physician assistants are pre-transplant coordinators, drawing on their extensive training in physical diagnosis.

"It is the job of the pre-transplant coordinators to determine whether a transplant is the best course of action for a patient," said Ms. Barnett. "The P.A.s do extensive histories, multiple lab tests, electrocardiograms, neurological scans.

"Every aspect of the patient's health is examined. If there are other problems, these must be taken care of before the transplant. A patient can be in workup for as long as a year before the transplant takes place. We can't make 'em well until we've gotten them buffed up ahead of time."

Once a patient's medical evaluation is complete, the pre-transplant coordinator does a case summary, which is presented at a transplant conference involving the attending physician, surgeon, renal fellows, nurses, social worker and other transplant coordinators.

"We transplanted a 67-year old female," said Ms. Barnett, "who had heart problems, poor blood vessels and high blood pressure and complications with the medicines normally used to control these problems. All of this information was presented to the surgeon. Because efforts were made to control her other problems in advance, this woman was out of the hospital five days after her transplant and is doing great."

One of Ms. Barnett's responsibilities is educating and evaluating potential

donors and recipients for the Living Donor Program. Kidney transplant recipients can receive a live kidney from a donor or a specially preserved kidney from a cadaver. MCG has a special commitment to promoting the donation of live kidneys.

"Living kidneys are always preferable to cadaver kidneys," notes Ms. Barnett. "When a living kidney is transplanted and the blood vessels are reattached, you can see it start to work right away." On the other hand, cadaver kidneys make take some time to "wake up," which means a patient may have to be on dialysis for as long as a month before the kidney takes over, she observed.

Ms. Barnett teaches classes about kidney transplants for patients and their families, explaining what transplants do and don't do and the patient's responsibilities in maintaining the viability of the transplanted kidney. She also explains matching, tissue-typing and how to find a living donor.

"Surprisingly enough, donors don't have to be family members," said Ms. Barnett. "All the donor has to do is match the recipient. People have received living donations from non-family members with good success."

Ms. Barnett believes her training as a physician assistant gives her an advantage in working with the diverse patients who come to MCG. This is especially true when it comes to explaining the complexities of transplant rejection, a permanent danger for transplant recipients. To prevent rejection, transplant patients must take immunosuppressive drugs for the rest of their lives. Not only do these drugs have side effects, but some of them—such as the cyclosporin derivative, Neoral—can themselves be toxic to the transplanted kidney. Patients must take their medications on time and have their medication dosages monitored, which means showing up for regular physical examinations.

"Our patients range from Ph.D. to illiterate," she said. "As a P.A., I understand the immunology, but I must be able to explain it. For the transplant to work, we need maximum cooperation from patients. They must be motivated."

Getting that cooperation involves helping transplant patients, potential donors and their families understand what is going to happen. Ms. Barnett does whatever it takes. She writes pamphlets. She draws pictures. To show an illiterate patient when to take medications, she devised a simple log that showed a picture of the sun for morning medications and a moon for night ones. To explain how immunosuppressive drugs help prevent rejection, she describes them as a form of camouflage that protects the kidney from attack by the body's immune system.

"I'd rather have them think about the camouflage than worry about immune complexes," she said. "But if a patient can handle it, I'll sit with them and show them pictures of the rejection process."

Ms. Barnett is proud of her work, proud of the transplant program, and most of all, proud of the patients and donors she works with. She remembers people who donated a kidney to relatives they'd done nothing but fight with and the woman who donated to her ex-husband because "he's basically a good person. I just don't want to be married to him." She remembers the young man who was in constant trouble with the police until he donated to his brother. Now he's cleaned up his act and goes to schools and church groups to talk about living donations.

"I call it Family Values 101," said Ms. Barnett. "These are people who know what it means to love and give everything."

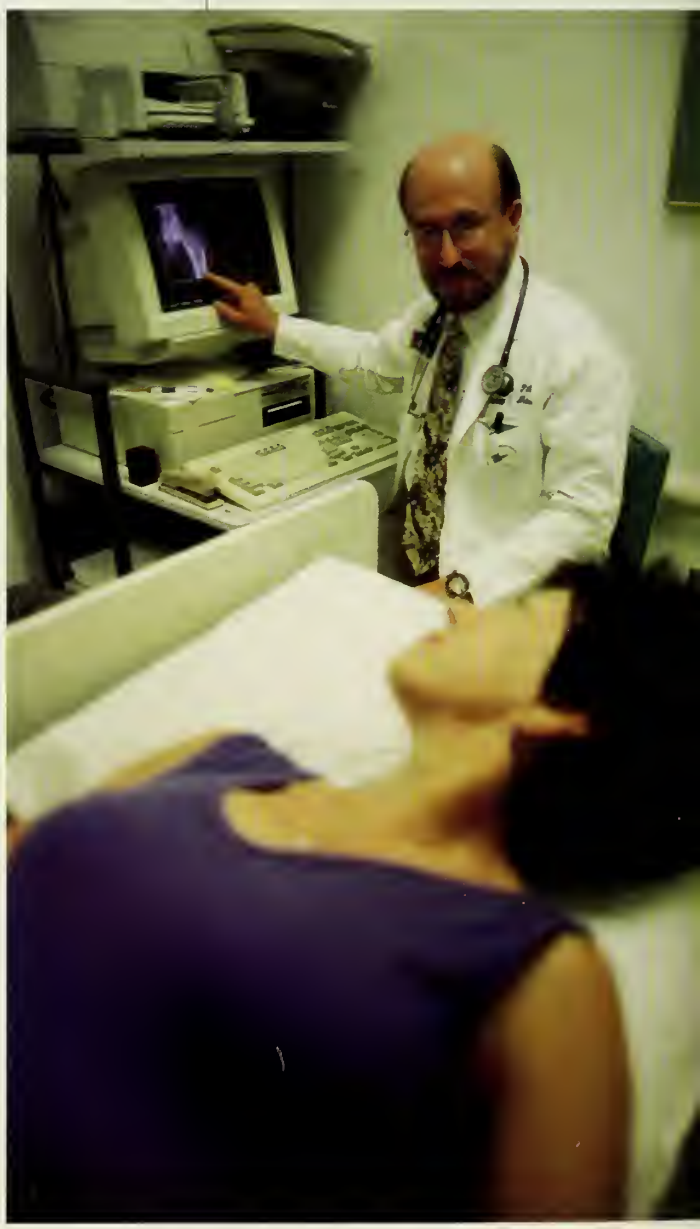
Thanks in part to Ms. Barnett's efforts, 60 percent of the kidney transplants done at MCG in 1995 were from living donors compared to about 20 percent for the rest of the country.

David Brown: Upgrading in an Era of Downsizing

When David Brown joined the Army in 1969, he wasn't thinking about health care. But when he became a clinical specialist with Army Medical Services, he did more than think about health care—he delivered it.

In South Korea Mr. Brown managed a central emergency room near the North Korean border that served the local companies and took referrals from outlying installations. There, the usual assortment of runny noses and minor illnesses mingled with gunshot wounds and stabbings. To try to control recurring cases of sexually transmitted diseases, he worked with Korean doctors so that soldiers and prostitutes could both get proper treatment. Mr. Brown learned a lot about the Korean health care system. His experiences started him thinking about the best ways to deliver health care. Assignments in Germany and back in the United States gave him more food for thought.

By 1977, Mr. Brown was well on his way to becoming a hospital administrator, but he wasn't looking forward to the day when he'd have to give up patient care. Then the Army decided it needed more



physician assistants.

"The Army and Air Force are the biggest government users of physician assistants," said Mr. Brown. "They developed their own programs in the early 1970s. They trained a lot of P.A.s and got them out in the field. It solved their primary-care problems throughout the world. Then the Army decided it had trained enough and discontinued its program, but by 1977 it realized it needed more."

And Mr. Brown was ready. He received his physician assistant degree from the University of Oklahoma in 1980. For another 10 years he enjoyed the challenge of changing assignments in the Army. His interest in health care delivery systems led him to study how physicians and physician assistants could combine their efforts for optimum care. He also traveled the country talking to architects and others about what kind of physical arrangements contributed to efficient delivery.

In 1990, Mr. Brown decided to try civilian life. He worked in family medicine and sports medicine, but felt that he wanted to take on more complex cases. So in 1995, he joined the MCG endocrinology and nutrition service. Now he sees both inpatients and outpatients with metabolic bone disease, diabetes and thyroid dysfunctions. These chronic conditions affect multiple systems and require coordination among health care providers in different specialties, providing just the kind of challenges Mr. Brown tackled regularly in the Army, with a slightly different emphasis.

In the area of metabolic bone disease, Mr. Brown sees patients with problems such as lupus, diseases affecting the adrenal glands and kidney problems resulting from other diseases.

"The use of drugs to treat these conditions can lead to accelerated bone loss," said Mr. Brown. "We try to intervene before that happens. We try different treatments—oral medicines, injectable medicines. Sometimes we refer patients to a physical therapist for aerobic and strength training because the right amount of exercise can help stabilize bone loss, particularly for older women. Their overall level of fitness, balance and strength affects their risk of falling and injuring themselves.

"What I do now is a lot more comprehensive than primary care," said Mr. Brown. "Most of the patients you see in a primary-care practice have acute minor illnesses that last only a short time or things you can report on fairly quickly."

As part of the inpatient diabetes team, Mr. Brown does the initial evaluation of new patients and develops a treatment plan that may involve the use of insulin. He works with the diabetic nutritionist. He also works in the outpatient diabetes clinic to help develop continuity of care for the inpatient to outpatient transition. He monitors patients for the development of associated problems, such as retinopathy of diabetes, which must be referred to other services.

At the thyroid clinic, he sees patients from all over Georgia with the full range of thyroid conditions: hyperthyroidism, hypothyroidism and benign and cancerous nodules on the thyroid gland. He does a comprehensive history of these patients, makes a presumptive diagnosis and develops immediate and long-term treatment plans.

"A lot of the patients we see don't have a primary-care provider," said Mr. Brown. "So if they have an acute illness, I see them for that as well."

Recently, Mr. Brown has taken on a new responsibility: Coordinator of the MCG portion of an international study on a new treatment for kidney problems associated with adult-onset diabetes. He will recruit patients and conduct initial workups and eligibility assessments. He's pleased that his training as a physician assistant allows him the flexibility to take on challenges in different areas of medicine. And he's convinced that the health care system needs this flexibility.

"In an area of downsizing," he said, "utilizing P.A.s in more creative ways may not solve health care problems, but certainly can lessen the strain."

Bob Stowers: Surgical Precision

To Dr. Kenna S. Given, Chief of the Section of Plastic and Reconstructive Surgery at MCG, physician assistants are no secret: They're the glue that holds his section together. He not only knew of and approved Dr. Eugene Stead's concept of the physician assistant, he took advantage of it soon after his appointment to MCG in 1977. Each of the three attending physicians in plastic surgery is assigned a P.A.

"Plastic surgery is

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an extremely demanding clinical service," remarked Dr. Given. "It is totally unrealistic to expect the residents to cover all the bases and areas that need coverage on the service. At times we have had shortages of staff. We have needed P.A.s because they are here year in and year out to provide continuity and coverage for wards and patients."

However, as Bob Stowers can tell you, Dr. Given's appreciation of the abilities and training of P.A.s extends beyond the hospital floor. Mr. Stowers, a 1983 graduate of the MCG program, became a physician assistant after teaching high school biology for several years. Nine years as Dr. Given's P.A. have enabled him to combine his first two loves—teaching and patient care—and pursue a new love—surgery. With Dr. Given's encouragement, he became the founder and Director of the MCG microsurgery laboratory.

"Dr. Given and I are a team," said Mr. Stowers. "We see patients together and we operate together.

"Very early in P.A. school, you learn how to sew," noted Mr. Stowers. "But I used it so seldom that I almost forgot how to do it. Working with Dr. Given, I learned wound care and how to sew and close. I do it exactly as he does it. The first hundred times in the operating room, I did nothing but retract and watch Dr. Given. Now that I've had a lot of experience, he feels comfortable with what I do technically. We do a lot of surgery basically together."

After joining the Section of Plastic and Reconstructive Surgery section in the late 1980s, Mr. Stowers became interested in the reconstruction procedure known as free tissue transfer, or free flap. MCG was not doing the best possible job with its free tissue transfers; its success rate was about 75 percent. Mr. Stowers felt this was a situation he could improve.

Dr. Robert Ackland, a principal developer of microsurgery, was offering a microsurgery course at the University of Louisville. Mr. Stowers convinced Dr. Given to send him to the course. "I spent every moment I could talking to Dr. Ackland about what made a good microsurgeon," said Mr. Stowers, "and every other moment talking to Dr. Ackland's assistant about how to set up a microsurgery instruction laboratory and where to get the best equipment."

Back at MCG, Mr. Stowers set up a microsurgery lab and course. He did it with no budget, getting the equipment and microsuture supplies and, yes, the rats, donated. Microsurgeons begin training by sewing up 1-millimeter slits in thin latex gloves. When they've become competent at this ultrafine suturing, they operate on rats. They go through a lot of rats before they are ready to operate on human beings. Mr. Stowers now trains all MCG plastic surgery residents and orthopedic residents in microsurgery.

"I teach the course exactly the same way they do it at Louisville," said Mr. Stowers. "People leave my class and make great microsurgeons because they really know how to do it. One of the nice things for me about running the course is that I've become extremely competent at microsurgery and have taken my experience from the bench to the operating room. It's not unusual for me to train residents in the lab and a few weeks later go into the operating room with them and actually do a case."

The MCG success rate with free tissue transfer is now 98 percent.

On the lighter side, Mr. Stowers has recently developed a chemical face peel for people who want to look younger. The procedure, which takes about 30 minutes, is known to some as the lunchtime facelift. Immediately after the peel, patients look like they have a mild sunburn. In a day or two they just look younger.

Outside the operating room, Mr. Stowers chairs the subcommittee that credentials physician assistants for practice at MCG, which makes him the closest thing MCG has to a chief physician assistant. To keep up his skills in primary care, he works part time in the MCG emergency room. His experiences have led him to think long and hard about the role of physician assistants in the practice of medicine.

"Early on, physician assistants were looked at as accessories to physicians. They were hired to do things no one wanted to do," he said. "Now our training is so good that we can handle the majority of the cases coming to a primary-care practice. This permits the practice to see patients more efficiently. P.A.s give physicians time to treat the complex patients they were trained for.

"This is more than a job to me. I have brought ideas into our practice and helped to develop what we do. It's important to me to be able to contribute and know that when our residents go out that I had a part in their training. When they're successful, I'm successful." ■

—SUSAN YARBOROUGH

Our thanks to the News Office of Duke University Medical Center for supplying some information used in this story.

The Secrets that Fish Hold

The transparent embryo of the zebra fish is providing scientists with an ideal model for studying human development when it goes right…and very wrong.

The same small tropical fish swimming in many home aquariums also has found a home in the Medical College of Georgia's Institute of Molecular Medicine and Genetics. "It takes about 24 hours for a single cell egg to become a tiny, tiny fish," said Dr. Shuo Lin, developmental biologist in the institute. "They don't reach sexual maturity, but they already form the rudimentary organs such as the eyes, brain, heart, spinal cord, muscles and blood." It takes humans about nine months to do much the same.

Rapid development is a matter of survival for the fish that must quickly become independent of their mother; if they don't, she'll eat them. So zebra fish develop quickly, transparently and outside the mother for all scientists to see.

Within the first 24 hours, you can see the fish's heart, watch it beat and push blood throughout the vascular system.

"You can see which cells become what—how many genes are responsible," Dr. Lin said. "The basic idea is that there is a gene behind each function," and he believes the hundreds of zebra fish in his laboratory will help sort out which gene does what.

"Right now, in this fish room, we have a collection of about 15 different genes that, when mutated, don't form blood or that produce less blood," he said, pointing out some three-day-old bloodless fish. Curiously, the young fish absorb so many nutrients from the egg yolk that they can survive for many days without blood. "In other animal systems, for example mice, they wouldn't be able to be born without blood. There is no way you can study them." Dr. Lin is interested in these mice without blood because he wants to retrace the genetic pathway back to how blood forms. "We all have blood circulating. So where is it coming from? How does it form?" We know blood comes from bone marrow. But Dr. Lin wants to know where bone marrow comes from. His questions are interesting from a scientific viewpoint and compelling from a clinical viewpoint as well, when considering the vast array of blood diseases such as sickle cell anemia and leukemia

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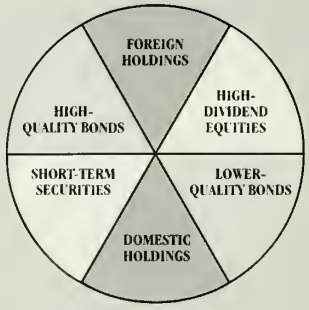

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and the lack of a cure for most of them.

Dr. Lin got the bloodless fish in 1994 while working as a visiting scientist with Dr. Christiane Nusslein-Volhard, the German scientist whose work with the fruit fly recently won her a Nobel Prize. But the spinelessness of the fruit fly compelled Dr. Nusslein-Volhard to focus her studies on the vertebrate zebra fish. The models she gave Dr. Lin are mutations created by treating adult fish with chemicals that damaged their DNA, a rather random process that has left scientists happy to have the bloodless model but unclear exactly what was damaged to obtain the result. So part of Dr. Lin's work also is to refine the development of this animal model so scientists can pinpoint the damage. He began working on this process, called insertion mutagenesis, in the early 1990s during his postdoctoral fellowship at the Massachusetts Institute of Technology with his advisor, Dr. Nancy Hopkins.

Now, every day in his own lab at MCG, three people are using this approach in which a retrovirus, much like HIV, is used to carry the foreign DNA into a functioning gene, knock out that gene and replace it with a mutant. "The foreign DNA will insert into the fish genome randomly. When they go in, they disrupt the gene where they land," he explained. And because the researchers know the sequence of the DNA, they can spot where it lands. They then watch the rapidly developing fish over a 24-hour period to see the effect of the insertion. The possibilities for producing animal models to study human problems are essentially endless; the fish could be born with any number of heart defects, brain abnormalities and so on. The fact that these mutated genes are molecularly "tagged" makes them easier to clone should they prove useful for therapeutic treatment.

One recent July morning, research assistants came to his office to tell Dr. Lin the work had netted a fish with green blood. A happy Dr. Lin explains that now he has a green, fluorescent reporter gene that can easily be traced as the fish rapidly develops from a single cell. "If you have 10 cells sitting together, one will eventually become the heart, blood or the liver. But you cannot differentiate between them at this early age. They look the same, even though they already are programmed to form different things," he said. The difference lies in which genes are expressed. "So you make a transgenic fish which will start to express this green marker, which means the gene is expressed or turned on. That will help me define which cells are the precursors of blood without sacrificing the embryo." ■

—TONI BAKER

AlumNews

Dr. Shalala Urges Grads to Call On Their Consciences

Carole Jones Smith

To be the thinkers, the conscience and the voice for a health care system that meets the highest standards of quality was Dr. Donna E. Shalala's charge to the 1996 graduating class of the Medical College of Georgia.

During her June 8 commencement address at the Augusta–Richmond County Civic Center, Dr. Shalala, U.S. Secretary of Health and Human Services, said, "I want you to guard our privacy and our dignity, embrace technology without losing the human touch and to lower costs while always raising standards."

She noted that 30 years ago, health care professionals faced the same challenges of today: millions of seniors and children were too poor to afford the bare necessities of health care. From this, Medicare and Medicaid were born and transformed health care in America. "We can never turn our backs on those sacred contracts with our fellow Americans," said Dr. Shalala.

But today, graduates face a new world of health care.

"We see 40 million citizens living without health insurance—and living under a dangling sword of serious illness and financial disaster. We see the lines between payers, insurers and providers continuing to blur," said Dr. Shalala.

As the U.S. health care model shifts from acute care to chronic care, the government's job is to ensure that health care training remains the best in the world and to equip health care professionals with the necessary tools to thrive. This will enable them to spend most of their time improving health care and less time completing paperwork, Dr. Shalala said.

Dr. Donna Shalala with School of Medicine alumnus Curtis Hames (left) and MCG President Francis J. Tedesco

"We do not meet today's challenges by embracing the status quo," said Dr. Shalala. "We meet them by ensuring that we work together and always focus on the bottom line—the health of all Americans."

She told the graduates that although today's health care management differs from that of 30 years ago, its role is unchanged in working with the community to prevent illness and violence. She recognized Dr. Curtis G. Hames, a 1944 MCG graduate, in the audience.

"Dr. Hames' tireless and brilliant work in studying the 'stroke belt' helped uncover some of the answers to questions that had plagued scientists and citizens for decades. He is a man of great compassion and insight whose career challenges us to follow his ideas and ideals," said Dr. Shalala.

By encouraging the graduates to be "citizen healers," she challenged the group to set good examples in all aspects of their career whether they work in urban or remote areas.

"You are entering a world where you will be judged not by your grades, but by your leadership and commitment," said Dr. Shalala. "I ask you to accept this challenge by taking pride in all you have accomplished and by thanking the people in Georgia who have sacrificed to create and nurture this extraordinary institution." ■

Project Aims to Boost Number of Minority Health Care Workers

Two Augusta high schools, three Georgia colleges and the Medical College of Georgia will work together in an initiative to increase the number of minority health care professionals in Georgia.

Project 3000 X 2000 Health Professions Partnership Initiative, co-sponsored by the Association of American Medical Colleges and the Robert Wood Johnson Foundation, is funded by a $349,990, five-year grant from the foundation, the nation's largest philanthropy devoted exclusively to health and health care.

"This project begins at the high-school level and builds upon the academic foundation through college, nursing school or medical school," said Dr. Rosie Allen-Noble, Associate Dean for Minority Affairs in the MCG School of Medicine and Project Director. "The goal is to create an educational pipeline through which students' academic backgrounds are enhanced so they become more competitive for entrance into college and, later, a health sciences university."

Specifically the initiative should increase standardized test scores, high-school graduation rates and college and postgraduate education enrollment in the health sciences for participating students.

Initiative participants are the MCG Schools of Medicine and Nursing; the National Science Center, a not-for-profit Georgia corporation; Paine, Savannah State and Fort Valley Colleges; and two Augusta high schools, A.R. Johnson Health Science and Engineering Magnet School and Lucy C. Laney Comprehensive High School.

"It has become clear that health professions schools face a common challenge," said Dr. Steven A. Schroeder, President of

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Dr. Allen a Longtime Champion for the Handicapped

Susan Yarborough

When activists of all stripes took to the streets of America in the early 1970s, Dr. Virginia Allen, recipient of the 1996 School of Allied Health Sciences Outstanding Faculty Award, was right there with them, demonstrating for the handicapped—for their right to participate fully in the life of their communities and to have full lives of their own. Much of Dr. Allen's nearly 30 years as an occupational therapist and more than 20 years as a teacher have been devoted to helping people help themselves.

"Letting people know where they can get information and giving them the tools to do things for themselves is very powerful," she said.

After earning her bachelor's degree in occupational therapy from Indiana University in 1967, Dr. Allen spent six years as a staff therapist at Highland View Hospital in Cleveland specializing in the long-term rehabilitation of patients with spinal cord injuries. There she worked with designers of assistive devices and designed some devices herself.

She devised a special knife that clips on the little-finger side of the hand. People who have cervical spinal injuries can use it to cut meat. She and a hospital orthotist also designed a clear Plexiglas lapboard for wheelchairs. With it, patients who cannot feel their feet can see them at all times. This helps them protect their feet from injury as they travel in wheelchairs. Both designs became industry standards and are still in use today.

Since joining the MCG faculty in 1973, Dr. Allen's commitment to promoting independent living for the disabled has kept her active at the national, state and local levels. She is a life member of the National Spinal Cord Injury Association and was a member of the Georgia Executive Committee for the White House Conference on Handicapped Individuals.

As a film reviewer for the American Association for the Advancement of Science, she has reviewed dozens of films about the lives and experiences of the disabled and methods for promoting their rehabilitation and independence. She also reviews books on spinal cord injuries and adaptive equipment design for the *American Journal of Occupational Therapy.*

In Augusta, she has served on the Handicapped Advisory Committee of the Augusta–Richmond County Planning Commission. She has also compiled and distributed three editions of *Access Augusta: An Architectural Barrier Guide,* intended to inform disabled people and their families about the availability of access to various public and private facilities in Augusta.

One of Dr. Allen's special pleasures is serving as a community consultant to an adaptive-equipment company. "I like to go to their product shows," she said. "I get to try out the gadgets to see if they really work, if they're practical and if they're safe."

Dr. Allen is very proud of the fact that she has taught more than 600 students at MCG. This number includes every student to graduate with a bachelor's degree from the occupational therapy program since 1973 and every graduate student as well. She has taught more than 25 courses, ranging from techniques of splinting to the importance of activity in the development of human potential.

Dr. Virginia Allen in her back yard with one of her exotic birds

"What I love about teaching," she said, "is the moments when students suddenly go 'A-ha!' and realize the relevance of something that didn't seem important at the time they learned it."

Many of Dr. Allen's former students still call her for advice and information about resources. Several work as therapists at MCG and some are now her colleagues on the occupational therapy faculty. And she still corresponds with patients she met at Highland View Hospital when she was fresh from college.

Dr. Allen's teaching and efforts to promote independent living for the disabled are by no means the whole story of her work, however. Her interests and activities reflect the breadth and variety of the field of occupational therapy itself. She teaches an office ergonomics class for MCG employees, helped organize a Laubach Reading Program at MCG, and has coordinated summer recreation programs for an inner city children's camp.

Health promotion has been a particular concern of Dr. Allen's and she has become increasingly involved in educating the public about using adaptive equipment with the elderly. She is the MCG liaison to Operation Independence, a program run jointly through the American Association on Aging and the Central Savannah River Area Office on Aging, for which she conducts workshops on assistive technology and coordinates student activities.

Somehow in the midst of constant activity, she also found the time to be a student herself, earning a master's degree in health education from MCG in 1977 and a doctorate in education from the University of Georgia in 1984. She has also served on numerous committees for MCG and for national and state professional societies.

For service to her students, profession and community, Dr. Allen recently received the 1996 Outstanding Occupational Therapist Award from the Georgia Occupational Therapy Association. In 1980, she received the Distinguished Service Award from the School of Allied Health Sciences.

As befits an occupational therapist, Dr. Allen has long known just how to occupy her spare time. Her problem was finding spare time to occupy. In the last few years, however, she has begun begun to give attention to the art of relaxation. She has always enjoyed the arts and crafts side of occupational therapy and she loves to travel. When they are at home, she and her husband raise koi fish, canaries and cockatiels and spend time in their garden. ■

Physical Therapy to Become Master's Program

Susan Yarborough

Graduation Day 1997 will be the last time the Medical College of Georgia grants bachelor's degrees in physical therapy. The University System of Georgia Board of Regents has approved an MCG proposal to replace its bachelor's degree program in physical therapy with a master's degree program.The first classes in the new master's program began this September.

Changes in health care delivery are causing changes in the practice of physical therapy, and the training of physical therapists must respond to these changes, says Dr. Jan Perry, Chairman of the MCG Department of Physical Therapy. Ten years ago, most physical therapists worked in hospitals. Today, more physical therapists work outside hospitals in specialties like home health, sports medicine and industrial rehabilitation.

Today's physical therapists have more options, Dr. Perry continued, but they also have more duties. Many states have changed their laws so that physical therapists no longer need a physician's referral to treat patients. Hospital stays are shorter for even the most complicated surgical procedures, and more health care is delivered in outpatient clinics and homes. Physical therapists see patients earlier in their recovery and the patients they see are sicker. They must also deal with the treatment limits imposed by insurance companies. Growing responsibilities and increased autonomy demand that physical therapists have more sophisticated training in physical therapy diagnosis, patient care and practice administration.

MCG's new master's degree program in physical therapy is designed to prepare physical therapists for today's complex health care environment, Dr. Perry said.

The new master's degree curriculum requires 150 to 155 quarter hours of instruction and will take 30 months to complete. The bachelor's program required 135 quarter hours and took 23 months to complete. Classes in the new program will be held all year round as they were in the bachelor's program.

Students will receive expanded instruction in patient care and practice administration. Instruction in research methods has been increased, and students will be expected to collaborate on a research project. Master's degree students will also spend more time with real patients in clinical settings, 26 weeks compared to 18 weeks in the bachelor's program. The last 12 weeks of the new program will be spent entirely on clinical experiences.

Students accepted to the program must already have a bachelor's degree. The degree can be in any field as long as students have completed the program's other prerequisites.

The bachelor's program accepted 44 students each year and required them to attend classes at MCG. The new master's program will continue to accept 44 students a year for instruction at MCG. During the 1996-1997 academic year, six more students will participate in the program through distance learning at Albany State College. The number of distance learning students is expected to increase to 20 by 1999.

In replacing its bachelor's degree in physical therapy with a master's degree, MCG follows a national trend toward master's degree programs in physical therapy, Dr. Perry said. The American Physical Therapy Association reports that of 145 physical therapy degree programs in the United States, 80 are master's degree programs. Of 42 new programs being developed, 31 are master's programs. ■

Dr. May Wins National Physical Therapy Award

Susan Yarborough

Dr. Bella J. May, Professor of Physical Therapy at the Medical College of Georgia, is the recipient of the 1996 Mary McMillan Lecture Award of the American Physical Therapy Association.

The award honors distinguished contributions to the profession of physical therapy and to the association. Mary McMillan, for whom the award is named, was the founding President of the association and author of the first American textbook on physical therapy.

Dr. May delivered the Mary McMillan Lecture to association members at the 75th Annual Conference in Minneapolis June 15-19. Her lecture, titled "On Decision-making," reviewed important decisions in the history of physical therapy and explored the implications of future decisions.

Dr. May founded the Department of Physical Therapy at MCG and served as its Chairman from 1970 to 1984. She received the Outstanding Faculty Award from the MCG School of Allied Health Sciences in 1980. She is a past President of the Georgia Chapter of the American Physical Therapy Association. A member of the association's House of Delegates for more than 25 years, she has served on committees overseeing education, accreditation and clinical decision-making. She is a member of the Georgia Board of Physical Therapy.

In 1982, Dr. May received the American Physical Therapy Association's Lucy Blair Service Award and in 1992 she was named a Catherine Worthingham Fellow. She was also co-recipient of the association's 1992 Chattanooga Research Award. ■

Ms. Mosley Appointed to Roster

Susan Yarborough

Letha J. Mosley, Assistant Professor in the Medical College of Georgia Department of Occupational Therapy, has been appointed to a three-year term on the Roster of Accrediation Evaluators by the Commission on Education of the American Occupational Therapy Association.

Accreditation evaluators review the self-studies of occupational therapy programs and serve as members of on-site accreditation evaulation teams. Three other MCG faculty members also serve on the Roster of Accreditation Evaluators: Dr. Ricardo Carrasco, Teru Creel and Dr. Nancy Prendergast.

Ms. Mosley attended a workshop on the evaluation of occupational therapy programs for accreditation July 19-21 in Bethesda, Md. ■

Dentist Urges Students to Aim for Excellence

Carole Jones Smith

Free food and free advice—an unbeatable combination—drew Medical College of Georgia dental students to the spring quarter Lunch and Learn Seminar on May 15 sponsored by the School of Dentistry Alumni Association.

Members of the Pankey-Dawson Study Club addressed challenges dental students face when they begin their dental career. Speakers included former part-time faculty member Dr. Hunter Rackley of Millen, Ga.; Dr. Jim Moncrief of Athens, Ga.; and alumni Drs. Glenn Alex of Athens, Ga.; Daniel Cassidy of Macon, Ga.; Ronnie Dyer of Blairsville, Ga.; Joe Griffin of Millen, Ga.; and Tom McDonald of Athens, Ga.

Students listened to the pros and cons of fee-for-service vs. managed care, the importance of continuing-education courses, effective management techniques and other pertinent topics.

Dr. Dyer, a 1984 graduate, cautioned students to follow the ideologies advocated by their dental professors.

"After I graduated and went into private practice, my goal was to see as many patients as I could. I wanted to make money, so I decided there were quicker and easier ways of doing things from the way I was taught in school," said Dr. Dyer.

But one day, he became discouraged. His practice was dwindling. Finally, he sadly realized he did not want to go to work.

"I couldn't figure out where I'd gone wrong," said Dr. Dyer. "So I began to look at my mentors and why they were successful."

He remembered a quote from Vince Lombardi: "The quality of your life is directly related to your strive for excellence—no matter what you do." Dr. Dyer suddenly realized he had been cheating himself.

"I didn't enjoy doing amalgams, but when I went back to doing them right—just like Drs. Edwards and Morris showed me—my feelings changed," said Dr. Dyer.

He also urged students to give their patients quality care.

"If you really want to stand out, take some time with your patient," said Dr. Dyer. "Patients don't perceive quality dental care, but they do appreciate your time and consideration."

The study club is comprised of 12 dentists and one dental lab technician. Its members present seminars and continuing-education courses to promote quality dental care. ■

Spring quarter Lunch and Learn Seminar

Dental Honor Society Inducts Members

Carole Jones Smith

The Medical College of Georgia School of Dentistry Kappa Lambda Chapter of Omicron Kappa Upsilon, the international dental honor society, held its annual convocation May 30 at the Augusta Country Club.

Six new alumni, one MCG faculty member and one honorary member were inducted into the chapter. Six life members were also recognized. Chapter bylaws specify that no more than 12 percent of the top 20 percent of the graduating class may be elected to alumni membership by the active chapter members. In addition to scholarship, candidates must have demonstrated exemplary traits of character and potential qualities of future professional growth and attainments.

New alumni inducted were Drs. Bradley O. Adams of Cartersville, Ga.; Amanda W. Conti of Marietta , Ga.; DeAnn G. Harmon of Rabun Gap, Ga.; Jacqueline Malone-Harper of Waycross, Ga.; Kristen L. Konetzni of Norfolk, Va.; and John C. Marr Sr. of Chattanooga, Tenn.

Dr. Adams, winner of the Grover C. Hunter Scholarship in 1993 and 1994 and the 1995 Hinman Scholarship, was named to the MCG Dean's List for 10 consecutive quarters. He begins an orthodontic residency at MCG this fall.

Dr. Conti was awarded the MCG Faculty and Spouse Scholarship Award and the William S. Kramer Award of Excellence in 1995 and was named to the MCG Dean's List every quarter of dental school. She begins an orthodontic residency at Louisiana State University in New Orleans this fall.

Dr. Harmon was presented the Ty Cobb Academic Scholarship Award for 1992-96, the Regents Academic Award in 1995 and was named to the MCG Dean's List every quarter of dental school. She plans to go into private practice.

Dr. Konetzni was awarded the Grover C. Hunter Scholarship in 1993 and the Bertha S. Galin Scholarship in 1994 and received OKU recognition in 1994. She begins a pediatric residency at MCG this fall.

Dr. Malone-Harper was named MCG's 1994 student representative for Academic Recognition Day for the University System of Georgia, she received the OKU Scholastic Achievement Award in 1995 and was named to the MCG Dean's List every quarter of dental school. She begins an orthodontic residency at the University of North Carolina-Chapel Hill this summer.

Dr. Marr presented his research at the 1994 annual meeting of the International Association for Dental Research, published an article in the American Journal of Prosthodontics in 1995 and was named to the Dean's List every quarter of dental school. He plans to join the MCG faculty in September 1996 as an instructor in the Department of Oral Diagnosis and Patient Services.

Dr. Kent L. Knoernschild, Associate Professor of Oral Rehabilitation, also was inducted into OKU. To be eligible for membership, a faculty member must have served full time for at least three years or part time for five years and have made a significant contribution to the art, science and literature of dentistry.

Dr. Norman G. Sansing, Associate Professor of Biochemistry at the University of Georgia, was selected as an honorary member of OKU. Honorary members are not necessarily dentists, but those who have made significant contributions to dentistry.

Those honored as OKU Life Members were Dr. Jerry J. Garnick, MCG Professor and Chairman of

Periodontics; Dr. Wade B. Hammer, MCG Professor Emeritus of Oral and Maxillofacial Surgery; Dr. J. Earl Williams, MCG Professor Emeritus of Community Dentistry and Dr. Thomas J. Zwemer, MCG Vice President of Academic Affairs Emeritus and Professor Emeritus of Orthodontics.

To qualify as a Life Member, one must have been a member of OKU for 30 year and be at least 60 years old. ■

Dental Researcher Discusses Challenges in Field

Carole Jones Smith

Max, a precocious 8-year-old, looked at his grandfather and said, "Let me get this straight: You and Grandma are going to move to Washington, where it is hot and sticky in the summertime, and it snows in the winter. You are going to take a major cut in your salary. You are going to be away from all of us—and you are excited about doing this?"

And apparently his grandfather, Dr. Harold C. Slavkin, was. The opportunity of serving as the ninth Director of the National Institute of Dental Research proved to be a challenge too tempting to resist.

Speaking at the 18th Annual Marvin Goldstein Lectureship Series in conjunction with the Medical College of Georgia School of Dentistry Homecoming, Dr. Slavkin shared the career-changing decision he made in July 1995.

"I'm excited about exploring new avenues, and I would like to try and make a difference," Dr. Slavkin said. "I've had a wonderful life, and I don't need to be motivated by dollars or perks; I want to give something back."

Dr. Slavkin is on leave of absence from the Center for Craniofacial Molecular Biology at the University of Southern California, an institution he founded in 1989. As Director, he led a team of scientists investigating the genetics of normal and abnormal craniofacial, oral and dental development.

In his daylong lecture, "Preparing for the 21st Century," Dr. Slavkin discussed the advances of health care by reflecting on accomplishments in the past century, the various challenges facing the evolving industry and the overall role of the National Institutes of Health in this endeavor.

"The NIH has been the jewel in the federal crown," said Dr. Slavkin. "And it is. It has the potential of continued greatness."

In 1897, the NIH, then called the Government Hygiene Unit, was established on Staten Island to screen immigrants for infectious diseases. Also, the agency helped the Army Corps find solutions to the malaria problem surrounding the building of the Panama Canal.

The current version of the NIH was devised in 1948, dividing the institute into separate areas of cancer, heart and dental research. Ironically, World War II forced dentistry to be a major area of concern.

"One of the criteria used in the recruitment of soldiers was the ability of strong teeth to pull the pin out of hand grenades," said Dr. Slavkin. "At that time, 22 percent of young American boys could not do that."

The government invested money in scientific research toward the goal of retaining healthy, viable and pain-free teeth, at least sufficient enough to be able to perform military duties.

From that first priority, the NIDR's biggest story has been the fluoridation of drinking water , a major discovery in preventing cavities, Dr. Slavkin said.

"In 1995, the American people saved $4 billion because of the reduction in dental caries," said Dr. Slavkin. "If you add up every penny the American people have spent on the NIDR since 1948, $4 billion turns out to be twice as much as appropriated to the institution in its entire history."

But the flip side of that story is that every hour one American dies from oral cancer. The predominant risk factors for oral cancer are smoking, alcohol and age.

Since his arrival at Bethesda, Dr. Slavkin has been involved in creating 24 Centers of Excellence in Oral Cancer in cooperation with the National Institute of Cancer Research.

"We are pumping in dollars for people to find out how to diagnose easier, better and faster, and how to educate people that it's not cute to chew or spit tobacco," said Dr. Slavkin.

Coincidentally, only a few miles away at nearby Walter Reed Army Hospital, the concept for Dr. Slavkin's research was born 30 years ago. After joining the Army following high school, Dr. Slavkin chose dental laboratory technology as his area of training. At Fort Houston in Texas, he learned to make dentures and bridges. Afterward, he was assigned to devise plastic face replacements for Japanese victims from the atomic bomb blast at Walter Reed's burn center.

"All of sudden, to me this suddenly became the face of genetics and dental technology," said Dr. Slavkin. "I decided maybe I should go to dental school after I got out of the Army."

After earning his dental degree from the University of Southern California, Dr. Slavkin fell in love with a field atypical for a graduate student in the 1960s—nucleic acid biochemistry—now known as recombinant deoxyribonucleic acid (DNA) technology.

"The primary area of my research focuses on questions such as, 'What are the genetic rules for making the human face?'" said Dr. Slavkin. "Or, 'How do children come to be born with cleft lip or palate or profound asymmetries in the development of the face?'"

His research, along with studying the genetic bases of the normal human development, continues today in Bethesda. Dr. Slavkin believes the increase in population of older Americans, along with a change of focus toward disease prevention instead of cure, will continue to create dramatic changes in the health care industry.

"We have created a new human organism, the new old people, who are very active, very clear in their vision and very interested in their quality of life," said Dr. Slavkin. "The disease patterns are different—the issues about work, retirement and insurance—ultimately they are all up for renegotiation."

Increasing opportunities in the field of dentistry for the next century include research into bone-loss prevention, remedies for facial pain and inventing synthetic saliva.

"As we live longer and take different kinds of pills for various ailments, one of the downsides is that we develop xerostomia, or dry mouth, and the ability to produce saliva," said Dr. Slavkin.

Dr. Slavkin believes dentists should learn more about epidemiology, genetics and population-based oral health problems. By concentrating on cost-effective methods, he believes, dentists will be remunerated accordingly. Instead of being rewarded for procedures performed, the rewards will be for diseases prevented.

"I am excited about the National Institute of Medicine's proposals for dentistry that came out in January 1995 encouraging medical, dental and nursing schools to take classes together," said Dr. Slavkin. "This would enable them to work in communities together using resources effectively and by overlapping when appropriate."

Dr. Slavkin's lecture was sponsored by the Marvin Goldstein Lecture series in cooperation with the MCG Division of Continuing Education. ■

Charisee A. Lamar

Student Awarded Research Fellowship

Charisee Lamar, a graduate student in the Medical College of Georgia Department of Physiology and Endocrinology, is one of 12 graduate students in the country to be named a 1996 United Negro College Fund/Merck Graduate Science Research Fellow.

Ms. Lamar, a Macon, Ga., native, will receive a stipend of up to $25,000 to cover a one- to two-year fellowship beginning this fall. She will be mentored by a scientist representing Merck & Co. Inc., a pharmaceutical company. The MCG Department of Physiology and Endocrinology will be awarded up to $15,000 during the 1996-97 academic year to support Ms. Lamar's research.

Ms. Lamar's research will deal with nitric oxide and carbon monoxide, gas transmitters in the brain, and their involvement in reproduction. ■

Endocrinology/ Physiology Lab Accredited

The Medical College of Georgia Endocrinology and Physiology Laboratory has been awarded a two-year accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists, based on the results of a recent on-site inspection.

The Director of the laboratory, one of more than 4,600 CAP-accredited laboratories nationwide, is Dr. Virendra Mahesh, Chairman of the MCG Department of Physiology and Endocrinology.

The CAP Laboratory Accreditation Program, begun in the early 1960s, is recognized by the federal government as being equal to or more stringent than the government's own inspection program.

Inspectors examine the records and quality control of the laboratory for the preceding two years, as well as the education and qualifications of the staff, the adequacy of the facilities, the equipment, laboratory safety and laboratory management to determine how well the laboratory is serving the patient.

CAP is a medical society serving more than 14,500 physician members and the laboratory community throughout the world. It is the world's largest association composed exclusively of pathologists and is widely considered the leader in laboratory quality assurance. ■

Dr. Mahesh Named to Committee

Dr. Virendra Mahesh, Chairman of the Medical College of Georgia Department of Physiology and Endocrinology, has been named to a committee to establish research priorities for the National Institute of Child Health and Human Development.

Dr. Mahesh will attend a program-planning forum for the institute, a segment of the National Institutes of Health, July 15-17 in Washington.

Each segment of the National Institutes of Health has been charged with developing a five-year plan of research priorities. ■

Lab Tests for Metabolism Disorders

Susan Yarborough

In a quiet laboratory on the grounds of Gracewood State Hospital and School, Paul Blankenship is opening the mail. He expects to see some blood stains and when he does, that's a good thing. A special form with dots of blood carefully dripped into small circles preprinted on filter paper tells him someone is trying to take good care of himself or his child. It's part of Mr. Blankenship's job to help by testing those blood stains.

Mr. Blankenship is manager of the W.K. Hall Metabolic Evaluation and Research Laboratory and a faculty member in the Medical College of Georgia Department of Biochemistry and Molecular Biology. The lab is jointly supported by Gracewood and MCG. The blood stains come from children and adults with phenylketonuria, also known as PKU, or a related condition called tyrosinemia. Phenylketonuria is an inborn error of metabolism that, untreated, can result in symptoms including severe mental retardation.

People with phenylketonuria must keep their blood levels of phenylalanine, an essential amino acid, low by following a special diet. They should eat no animal protein—meat, milk and eggs—and must monitor the protein they get in bread and other starches.

When Mr. Blankenship finishes testing the phenylalanine level in the blood sample, he e-mails the results to Annie Hamilton, an MCG dietitian who works with the families of children with PKU and other metabolic diseases. If the level is normal, the results are mailed to the parents. But if the levels are too high, Ms. Hamilton calls the family to ask what's happening. "In young children, the level might go up because of illness or teething," said Ms. Hamilton. "But sometimes the mother admits that she let a child have turkey at Christmas because everyone else was having it."

The Metabolic Evaluation Laboratory, which can test for about 100 inherited metabolism diseases, was established in 1961 through the efforts of Dr. W.K. Hall, who chaired what is now the Department of Biochemistry and Molecular Biology from 1956 to 1978.

In 1971, the lab moved from MCG's Dugas Building to Building C at Gracewood State School and Hospital, continuing a long and fruitful relationship between MCG and the state facility. Dr. Theo Thevaos, Dr. Hall's co-investigator, was a member of the MCG pediatrics staff and for many years the physician-in-chief at Gracewood.

Dr. James Carroll, pediatric neurologist at the MCG Children's Medical Center, sends as many as 10 samples a week to the lab. When children are referred to MCG for developmental problems, seizures or other symptoms linked to nervous system abnormalities, steps are immediately taken to

determine whether a metabolic disease might be the cause.

"It's a good lab," said Dr. Carroll. "We get believable, dependable results. A medical center like MCG that gets a lot of referrals needs a lab of this nature. We need to be able to evaluate these problems quickly."

Treatment of those metabolic diseases that can be treated cannot begin too soon. Georgia's comprehensive newborn metabolic screening program screens for PKU and other metabolism diseases within a week of birth. When an infant tests positive for any of these conditions, treatment must begin by the third week of birth. The Metabolic Evaluation Laboratory has traditionally performed screening tests for inborn errors of metabolism of all new admissions to Gracewood State School and Hospital.

Most people at MCG are unaware of the Metabolic Evaluation Laboratory, partly because the lab is out of sight at Gracewood and partly because its staff works so quietly and efficiently. Still, Mr. Blankenship is a familiar figure in the departments that use the lab. He picks up samples from MCG and several Augusta-area hospitals every morning.

Not all the samples tested are from sick children, however. One gas chromatograph is used almost exclusively to measure oxalates, an important component in kidney stone formation, in urine.

Dr. Michael Felz of the Department of Family Medicine sends samples from patients he suspects of having a vitamin B-12 deficiency. "Serum B-12 levels can be low in otherwise normal people," noted Dr. Felz. "But the metabolic lab can test for the precursors of B-12, methylmalonic acid and homocystine. Measuring the levels of these molecules is helpful in determining whether there is a congenital B-12 deficiency. With the lab on hand, I can do more sophisticated work as a clinician." ■

Lost Alumni

The MCG Office of Alumni Affairs is trying to get back in touch with its "lost" School of Graduate Studies alumni and will regularly publish a list of several of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Ronald P. Easmann
Walter G. Edwards
Hassan El-Kashef
Arthur C. Ellison
David S. Feldman
Karey E. Fincher
Onree T. Fisher Jr.
Xiaoxing Gao
Marilyn J. Grimes
In-Seob Han
James C. Hazlett Jr.
Benjamin A. Hill Jr.
Karen K. Horn
Huaiyu Hu
Charles V. Jackson
Paul Jackson
Eric P. Jankowski
Robert A. Jarrett
Ronnie K. Jones
Sandra T. Jordan
James F. Knudsen Jr.
Catherine A. Koshman
Hong Tien Lai
John G. Lapointe
Frederick R. Liewehr
Robert B. Lytle
Frances F. Martin
Octavio M. Martinez
Thomas G. Mattio
Cheryl P. McKenzie
Raymond D. Meeks
Barbara C. Meyer
Monica C. Mokonchu
Thomas R. Morgan
Louis T. Mulligan
Syed A. Nasseruddin
Nayera G. Nicholas
Mary P. Owen
Babu J. Padanilam
Phillip B. Palmer
No Hee Park
Marcela D. Pinilla
Reuben A. Puebla
Jaime F. Recasens
Hector A. Rocha
Robert F. Ryan
Qin C. Ryan
Carol L. Schellman
Joel S. Smith
Petcharin Srivantanakul
Thomas L. Stec
Mary N. Story
John A. Strickland
Robinette J. Strutton
Robert K. Tcholakian
Emma A. Thomson
Sidney R. Tourial
Shing M. Tung
Pablo L. Villegas
Jo A. Walker
Richard S. Walsh
Richard C. Ward
Eugene West
Karol K. Williams
W. B. Williams
Shiu C. Wong
Joseph C. Wood
Ke Ping A. Yang
Xiaohong Yang
David Ying Lun Lai
Yu Zhu ■

Dr. Barry Goldstein, MCG Vice President for Academic Affairs, and Donna J. Trainor, MCG Librarian for Special Collections and Outreach, accept a microscope that belonged to the library's namesake, Dr. Robert B. Greenblatt, Chairman of the Department of Endocrinology from 1946 to 1972. Presenting the microscope are Dr. Greenblatt's son, Edward (left) and granddaughter Susan Lunt. The microscope is on permanent display in the library's Greenblatt Archive.

Dr. Hobbs Named Society's President-Elect

Toni Baker

Dr. Joseph Hobbs, Associate Dean for Primary Care in the Medical College of Georgia School of Medicine and Vice Chairman of Academic Affairs in the MCG Department of Family Medicine, has been elected President-Elect of the Society of Teachers of Family Medicine.

Dr. Hobbs assumes a one-year term in April 1997 as President of the 4,500-member group of teachers of family medicine in the country's medical schools and residency programs.

He is a member of the society's Minority Health Care Group, Chairman of its Group on Predoctoral Directors and its Predoctoral Directors Representative to the Associate of Family Medicine Organization. He served as a member-at-large on the society's Board of Directors from 1991 to 1994.

Dr. Hobbs is a 1974 graduate of the MCG School of Medicine. He completed his residency in family medicine at MCG in 1977 then joined the faculty. He is Director of the department's Student Educational Programs and the Family Medicine Clerkship for third-year medical students.

He is a member of the Student Education Advisory Committee of Georgia's Joint Board of Family Practice. Dr. Hobbs is a member of nine committees involved with MCG's Generalist's Physician Initiative, an effort, funded in part by the Robert Wood Johnson Foundation, to increase the number of physicians entering primary care. He co-authored the $1.5 million grant proposal which secured Robert Wood Johnson funding. ■

Dr. Joseph Hobbs

Dr. Kirch Places Values at Forefront

Toni Baker

Values provide a solid anchor in today's shifting tides of health care practice and education, according to the Dean of the Medical College School of Medicine, noting that the school is strong because the values of the faculty and students are sound.

"A values-based organization strives to do things right and, more importantly, to do the right thing. This is the only sure formula for lasting success," Dr. Darrell G. Kirch said in his annual State of the School Address. "I am pleased to report that the values we share —values like compassion, respect, mentorship, discovery and fairness—contribute to the foundation that makes the state of our school very solid and our future success very certain."

Each day brings talk of fitting more science into the curriculum, threats to research funding, changes in clinical care and the impact of these changes on educating students and residents. But the only real threat, he said, is letting those challenges distract from basic values.

"I challenge you to think back on the years or decades when you made your career choices. I believe we all were motivated largely by values like these. It is truly ironic...that today it seems so difficult to keep them in the forefront."

But School of Medicine faculty have been mindful of their values. Compassion has helped shift learning from the classroom to the bedside. Mentorship has led to questions of what students need to learn, instead of what faculty know to teach. Respect has spurred a system in which student feedback actually affects teaching.

In a country that spends $1 trillion annually on a health care system that doesn't provide broad-based wellness, prevention and access, faculty and scholars must play an active role in how to pay for health care. "As scholars, we need to be honest about the failures of the fee-for-service systems we worked in for so many years. As scholars, we need to study those failures and become active participants in the design of new systems that work better in supporting the wellness of our patients," Dr. Kirch said.

"As good mentors, we need to think about innovative ways to make our students and residents partners in creating better systems that utilize resources wisely and shift our focus from episodic care to true population-based medicine," he said. The students are asking for guidance in these aspects of their future practices and the dean has charged the curriculum committees and graduate medical education committee with meeting those requests.

The same pragmatism applies to research today, which is, rightly, driven by the ultimate goal of improving patient care, he said. "We want to use our limited resources to fund the research programs that have the greatest potential," Dr. Kirch said. "There is a harsh reality at work here. There is more good research being pursued on our campus, more scientific projects that hold promise for patients, than there are available dollars to support them. We are making hard choices, based on our judgments about where we have the best opportunities for scientific success that, in turn, holds promise for our patients."

The peer-review system for research awards is a good index of research merit and, despite the chilly climate for funding, the School of Medicine faculty increased sponsored support by 41 percent from 1993 to 1995, he said. Still, he said, basic values of fairness mandate regular, objective measures of all research efforts—old and new.

"The important point here is that we can succeed in our missions, we can remain stable financially and we can also remain true to our values," Dr. Kirch said. "As we make our plans and face tough decisions ahead, we need to continuously affirm that we are a values-based organization." ■

Lost Alumni

The MCG Office of Alumni Affairs is trying to get back in touch with its "lost" School of Medicine alumni and will regularly publish a list of them. If you have any information about their whereabouts, please contact the office toll-free at 1-800-869-1113 or, locally, 721-4001.

Willie R. Bowers
Joel C. Box
George H. Boyd Jr.

MCG President Francis J. Tedesco congratulates third-year medical student Crystal Shea Olliff of Augusta, who was crowned Miss Georgia in June

Joseph J. Boyd Jr.
Cheryl A. Boykin
Martha S. Bradford
Alford T. Brady
Douglas A. Brewer
Charles H. Brewer Jr.
Daniel A. Bridges
Robert E. Broker
John D. Brophy
Frank J. Brown
George W. Brown Jr.
William E. Brown
Dan A. Brown
Phillip M. Bruner
William O. Bryans
Dennis G. Bullock
Michael A. Burke
Kathleen S. Butt
Michael P. Byrne
Garland E. Byron
William M. Calhoun
Robert A. Callaway Jr.
Juaquita D. Callaway
Benjamin H. Cannon Jr.
Agostino Carlucci
Matthew D. Carson
Harold A. Carswell
Thomas M. Carter
Mary M. Casoria
Tony J. Catanzaro
Mark A. Cawthon
Nathan L. Centers
Christoph M. Cerjan
Allen J. Cherer
Karl S. Chiang
Cynthia E. Childs
Karen Clamp-Chandler
Alan D. Clark
John S. Clark
Anthony R. Clary
Deanna L. Clayton
Martha A. Clegg
Cheryl T. Cliff
Matthew K. Cline
Barry E. Coalson
Joel D. Cochran
David A. Cochran
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Macon G. Core
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Marc Cornier
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John P. Couch
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Paul W. Craig II
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Ernest W. Culbreth
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Alexander F. Daley Jr.
John J. Dallman
Joe W. Daniel Jr.
Scott R. Daniel
Lea Danielsen
Andrew K. David
Marcia M. Davidson
Alfred L. Davis Jr.
T. Hartley Davis
Mitchell G. Davis
John P. Day
Kenneth R. Dean
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Teacher's RHOP Work Bolsters Real-World Skills

A Richmond County math teacher teamed with a Medical College of Georgia prenatal program this summer to bone up on real-world skills she can take back to the classroom.

Vanetta Lawrence, a math teacher at the Academy of Richmond County, worked with the MCG School of Nursing Rural Health Outreach Program, observing the operation and noting areas that apply to her students.

Ms. Lawrence is one of approximately 100 Georgia teachers who participated this summer in the Georgia Internships for Teachers program. The program, implemented by Gov. Zell Miller in 1991, matches selected Georgia math and science teachers with different segments of industry to keep them abreast of developments in the subjects they teach.

"The idea is to form a partnership between industry and teachers," Ms. Lawrence said. "It's an ongoing process of mentorship and role-modeling and gives us background information about what industry is looking for in the fields of match and science."

Ms. Lawrence's stipend for her services this summer were funded by Bell South through a Georgia Institute of Technology grant. Area math and science teachers were invited to apply for the position, and MCG Rural Health Outreach Program Director Nancy Williamson chose Ms. Lawrence.

MCG's Rural Health Outreach Program is an effort to bolster Georgia's infant mortality rate by improving prenatal services in rural Georgia. One service of the program is a free prenatal center for residents of rural Jefferson County whose babies are delivered at MCG.

Areas of particular interest to Ms. Lawrence included data collection and interpretation, the chemistry involved in processes such as urine analysis and nutritional factors affecting pregnant women. She also noted that the prenatal center's clientele, which consists largely of young women, will help her better relate to the teens she teaches.

"This is a very positive program. I'd love for other teachers to be able to experience what I experienced," Ms. Lawrence said. "I gained expertise in areas that I'll be able to draw on from now on." ■

Vanetta Lawrence discusses prenatal health care with Jefferson Prenatal Center patients

Nursing Student Overcoming Tremendous Obstacles

Suzanne Reid Searles carves her days into carefully apportioned segments. From dawn until 10 a.m. is kid time, when she devotes her full attention to her two toddlers and the nephew she is raising. From 10 a.m. until late afternoon, she's in class at the Medical College of Georgia School of Nursing. Evenings are when she feeds and bathes the children. Then it's time to study. She averages about four or five hours of sleep a night.

But she's not complaining. Sure, her days are long, but she's working toward a goal—her nursing degree. By the time she graduates in spring 1997, she will have realized the sweetest and hardest-earned dream of her life.

Nursing school is demanding for anyone, but Suzanne's circumstances are particularly – almost unbelievably – stressful. At age 27, she is a widow, having lost her husband in a car accident two years ago. She is raising their two young daughters as a single parent. She also is raising her nephew – the child of a sister who died of AIDS in 1990. Suzanne also keeps close tabs on her mother, a diabetic facing her third surgery soon for a degenerative back problem. And she is grieving not only for her husband and sister, but for another sister who recently died unexpectedly of undiagnosed diabetes.

"Michelle was fine on Monday and she died on Sunday," Suzanne recalled. "That was the worst. We had no time to prepare. She was only 17 months older than me, and we did everything together, like twins. Sometimes I'd find myself dialing her number. It was really hard to imagine she wasn't there anymore."

But as catastrophic as Michelle's death was, it made Suzanne keenly aware of what she wanted to do with her life. Throughout her childhood, Suzanne's family had urged her to go to medical school. But Michelle's death changed all that.

"A nurse's intervention would have been so useful in that situation," Suzanne said, referring to her sister's undiagnosed diabetes. "She would have taken a family history. She would have realized the risk." Suzanne knew she wanted to be a nurse.

After graduating from Augusta College, she enrolled at MCG, already having taken on the task of raising her sister's son. She and her husband were just beginning their family, and she soon had two children of her own. Then came the car wreck that claimed her husband's life. "I think I was more angry than anything when he died," she said. "I thought, 'How could he leave me?' I wanted to blame somebody." She got just enough insurance to cover his funeral expenses, and she knew she didn't have the luxury of wallowing in her misery. She had three children to raise and a nursing degree to earn. She hasn't missed a beat since.

"I've had a lot of bad days, but it never got the point that I would identify it as depression," she said.

Despite her grueling schedule, Suzanne earned a perfect 4.0 grade point average her junior year and completed an externship, with two more scheduled for her senior

year. She also is active in several nursing organizations and volunteers with health-related activities throughout the community. In spring 1996, she was awarded a School of Nursing Alumni Association Scholarship Award for her efforts.

She plans to eventually work as a nurse practitioner or nurse anesthestist. "I feel that since I've come this far, things will get easier and easier," she said. ■

Alum Receives Oncology Scholarship

Pamela Dixon, oncology research nurse clinician at the University of Alabama and a 1980 graduate of the Medical College of Georgia School of Nursing, has received an Oncology Nursing Foundation scholarship.

The $1,000 Oncology Nursing Foundation/Glaxo Wellcome Oncology/HIV Products Congress Scholarship rewards a professional staff nurse who has creatively responded to challenges in practice.

As a member of the Oncology Nursing Society, Ms. Dixon is a member of its Biotherapy Special Interest Group and Central Alabama Chapter, for which she has served as Treasurer and Nominating Committee Chairman. She also is Secretary/Treasurer of the Alabama Society of Clinical Oncology and a member of the Alabama Cancer Congress, the American Cancer Society, the Birmingham Oncology Nursing Committee and the Oncology Research Nursing Committee.

The Oncology Nursing Foundation was established to support the mission of the Oncology Nursing Society by obtaining and providing funds for cancer nursing research, cancer nursing education and nurse-directed public educational projects. ■

Bricks for Sale

Bricks from the recently razed Medical College of Georgia School of Nursing building on Harper Street are on sale for $20 for a single brick, or two for $35. Each brick comes with an engraved plaque. Only 500 are available, and the school has more than 5,600 graduates, so alumni are urged to order quickly. All sales will benefit the MCG School of Nursing and its alumni association. To order, call Terrie English in the MCG Division of Institutional Relations at (706) 721-3397. ■

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Kathryn S. Branan
Joann E. Brandenburg
Lauren E. Braswell
Betty Bray
Helen B. Brennan
Rosemary Brennan
Pamela L. Bretches
Kay M. Brewer
Eugenia M. Brewer
Eleanor L. Bridges
Jane Bridges
Eugene G. Brillant
Martha H. Bringhurst
Daniel A. Broekhuizen
Melody E. Brotherton
Diana M. Broussard
Deborah B. Brower
Donna S. Brown
Evelyn Brown
Helen S. Brown
Judy E. Brown
Virginia M. Brown
Laura B. Brown
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Frances J. Brown
Kathy O. Brown
Connie D. Brown
Julie L. Brown
Julie M. Brown
Sue L. Brownlow
Karen A. Bryant
Myrna E. Bryson
Mary J. Buckley
Lynn M. Bullington
Holly A. Bunch
Rebecca G. Burch
Melinda G. Burch
Joyce A. Burchard
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Diane C. Burkart
Thea H. Burke
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Delores A. Cantu
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Dawn N. Carlton
Sheila D. Carnes
Andria M. Carns
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Christine S. Carroll
Penny L. Carson
Marguerite S. Carter
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Debra L. Cassella
Connie E. Cassidy
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Laurie Ann L. Cavis
Amanda L. Caylor
Panonia Cecil
Mary L. Chadwick
Lauren L. Chafin
Sally J. Chandler
Patricia D. Chandler
Victor D. Chandler
Robert B. Chapman
Robbie Charles
Janet Chastain
Pamela U. Cheney
Diana M. Chike
Patricia H. Childress
Betty R. Christenson
Becky C. Christian
Deanna L. Clack
Gloria G. Clackum
Lena J. Clair
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Gayle N. Clark
Olibia Clark
Susan M. Clark
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Julia B. Coulter
Nancy L. Counts
Deanne D. Coursey
Margaret Cousart
Trina R. Cowart
Karen A. Cowne
Linda C. Cox ■

...continued from page 11

the Robert Wood Johnson Foundation. "The pool of students from which they draw is, proportionately, far too small. If we can increase the number of underrepresented minority students prepared to pursue careers in the health professions, then the quality and the diversity of America's health care system will be enhanced."

The initiative will enable high school and college students to interact with MCG students and observe their educational process. A Saturday Learning Academy will include activities such as field trips to the National Science Center. Staff members at the center, who have backgrounds in science, technology and education, also will work with participants during workshops and lectures.

"Basically we will start with the high school students who have an interest in the biomedical sciences, who are motivated to do the rigorous studying required and have abilities in math and science," Dr. Allen-Noble said. Students will be supported and tracked through high school, the three colleges participating and finally to MCG.

"Our students are very responsive to this," said Beverly George-Gay, Instructor in the MCG Department of Adult Nursing and organizer of the initiative within the nursing school. "We've gotten the Augusta Chapter of the Student Nurses Association involved. We want [young minority students] to realize that nursing is a good profession that's well worth the effort."

"It's going to be a great help to our students," said William Holmes, principal of Lucy C. Laney Comprehensive High School, which has about 900 students. "Everything will be helping the students, even when the (MCG) professors help their teachers."

"It adds another dimension," added Horace Lamback, principal of A.R. Johnson Health Science and Engineering Magnet School, where most of the some 480 students have an expressed interest in the health professions. The new program will add more depth to existing efforts and ideally help maintain student enthusiasm for a career in the health professions, he said.

Participation in the Health Professions Partnership Initiative is an added dimension for minority recruitment at MCG, which participates in several programs with a similar goal such as the state-funded Student Educational Enrichment Program in the Health Sciences, a summer opportunity for high school seniors and college students who are underrepresented in health sciences. These students study biomedical science, learning skills and analytical reading/ reasoning, health sciences mathematics and test-taking skills.

All of the nation's 125 medical schools applied for participation in the 3000 by 2000 initiative and MCG was one of 10 to receive funding. ■

AlumNews

Editor Christine Hurley Deriso
Writers Toni Baker
Christine Hurley Deriso
Carole Jones Smith
Susan Yarborough
Design Travis Tom

Deadline for submitting information for publication in the winter issue of AlumNews is October 30, 1996

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Class Notes

School of Allied Health Sciences

Muriel Herrera Adams (medical record science, '69), Arlington, Va., has been elected Chairman of the Allied Health Department for Prince George's Community College in Largo, Md.

School of Dentistry

Dr. Jason M. Mailhot, Assistant Professor and Director of Pre-Doctor Periodontics at MCG who received his advanced certificate in periodontics and his master's degree in oral biology from MCG, has been named a Diplomate of the American Board of Periodontology.

School of Graduate Studies

Dr. Iona Poston (M.S.N., '80), Greenville, N.C., has recently had a computer-assisted instructional program on congenital heart defects published by the *American Journal of Nursing Company*. She is a tenured Associate Professor at East Carolina University.

School of Medicine

Dr. Willie Nell Bryant-Pitts ('83), Broken Arrow, Okla., has renewed her certification in pediatrics. She is a staff pediatrician at Morton Clinic.

Dr. Carol Clough Borden ('89), Tucson, Ariz., practices obstetrics and gynecology in Tucson and married Scott Bordon March 9, 1996.

Dr. Lewis W. (Les) Jackson ('92), Newnan, Ga., is a pediatrician with Newnan Pediatrics and completed a chief residency in pediatrics at St. Joseph's Hospital in Phoenix, Ariz.

Dr. Stacey Walker Johnson ('93), Gainesville, Fla., completed a pediatric residency at the University of Florida and began a practice in Atlanta in July 1996.

Obituaries

Dr. Fayette Monroe McElhannon Sr. ('51), a retired surgeon in Athens, Ga., died Oct. 29, 1995, at age 78.

Dr. William Greer (Bill) Scoggins ('71), Bradenton, Fla., died Dec. 6, 1995 at age 51. Dr. Scoggins ran the Lung Center with three other doctors. A native of Commerce, Ga., Dr. Scoggins joined Manatee County's Blake Hospital in 1978 as a medical director of the respiratory department and intensive care unit. He also worked for Manatee Memorial Hospital and served as chairman of its pharmacy and therapeutics departments. He was a member of the American College of Physicians, the American Lung Association and the American Thoracic Society. He is survived by wife Pam and sons Greer and Lee.

School of Nursing

Patricia A. Nester (B.S.N., '75, M.S.N., '76), Downington, Pa., is nurse educator at West Chester University. She had a grant project funded this year regarding nursing care of the frail elderly. She also had two journal articles published this year and received the 1995 West Chester University School of Health Sciences Faculty Award for Service.

Lorri Heflin Donovan (B.S.N., '81), Exton, Pa., has three sons, ages 10, 7 and 2.

Leanne Leigh Torrie (B.S.N., '81), Marblehead, Mass., is Reimbursement Program Operations Manager for Genzyme Tissue Repair, a biotechnology company. She and husband Alec are expecting their first child soon. ■

Donating Individual Retirement Accounts

In income and estate tax planning, sometimes insufficient consideration is given to naming a beneficiary for the capital that has accumulated in qualified retirement plans and individual retirement accounts. In many instances, wealthy clients accumulate substantial sums—sometimes millions of dollars—in such plans. While qualified plans and IRAs are preferred vehicles to defer taxes while the owner is alive, without proper planning they are inefficient at passing wealth at death. The combined income, estate and in some instances excess accumulation excise taxes that typically apply to qualified plan and IRA accumulations distributed at death are staggering.

Because of the potential heavy tax burden, people should consider naming alternative beneficiaries, such as a spouse, a charity or a charitable remainder trust. This article reviews the benefits of naming other beneficiaries—often to the benefit of both the taxpayer and the beneficiary.

Alternative Beneficiaries

The scope of the tax problem—and the planning opportunities—presented by substantial retirement plan accumulations can best be demonstrated by an example:

Dr. Smith is a physician with assets that put her in the highest marginal estate tax bracket; she has $1 million in an IRA. Her will adequately provides for her husband. Wishing to similarly provide for her children, Dr. Smith names them as equal beneficiaries of her IRA, thinking each will receive a substantial sum. Dr. Smith also wants to make a meaningful charitable bequest if she is convinced the after-tax cost is low and that a donation will not otherwise disturb her estate plan.

If Dr. Smith makes no changes in her IRA beneficiary designation and leaves it to her children, the IRA will be subject to income, estate and possibly excess accumulation taxes. The total tax potentially associated with a $1 million IRA is approximately $770,000. Indeed, under certain circumstances, such as if Dr. Smith's children live in a state that has its own income tax or if Dr. Smith lives in a state, like New York, that has an estate tax greater than the maximum federal credit for state estate taxes, the tax burden could be even greater.

Spousal Designation

Not surprisingly, designating a spouse as beneficiary can save on taxes. If the spouse can withdraw the entire sum, the IRA qualifies for the estate tax marital deduction. Consequently, no estate tax is payable until the spouse's death. Similarly, if the owner had no other qualified plan or IRA benefits payable to a beneficiary other than the spouse, the excess accumulation excise tax could be delayed until the spouse's death under Internal Revenue Code section 4980A(d)(5).

Whether children or a spouse are designated as beneficiary, income taxes are delayed until money is withdrawn from the IRA. However, under the IRC rollover and minimum distribution rules, distributions can be delayed significantly if a spouse is the designated beneficiary. For example, if a spouse is the beneficiary when the IRA owner dies, he can roll over the IRA balance to his own IRA, delay distributions until age 70 and a half and then receive distributions over his lifetime and the lifetime of another beneficiary.

Also, a retirement plan owner can transfer the plan to the spouse, but not outright. The owner might make the plan payable to the spouse as an annuity or in installments. The owner should, however, be alert to an estate tax issue: Under the terminable interest rule, installments payable to a spouse (with no right to accelerate payments) do not ordinarily qualify for the marital deduction.

To deal with this problem, owners can name as beneficiary a trust that qualifies for the marital deduction. If an owner is willing to give up control of whom the assets pass to at the surviving spouse's death, there are two alternative beneficiary designations:

- An estate trust, which provides for fixed installments to the surviving spouse, with the balance remaining at the survivor's death paid to his estate.
- A life income-general power of appointment trust, giving the surviving spouse the right to receive all income at least annually and to designate the trust beneficiary at his death.

To limit the spouse's access to the plan and control disposition of the assets at the spouse's death, a qualified terminable interest property (QTIP) trust can be designated as beneficiary. To qualify as a QTIP, the trust must give the spouse the unqualified right to receive all trust income at least annually.

A QTIP does, however, have limitations. Because it is not tax-exempt, the entire IRA balance cannot be distributed to the trust in a single lump sum at the owner's death. Instead, the funds must remain in the plan and gradually be distributed to the QTIP and in turn to the spouse. Alternatively, the IRA itself can be designated as a QTIP trust. In either case, distributions must be made according to both the qualified plan minimum distribution rules and the QTIP income distribution rules. This complexity and inflexibility will make it undesirable to some.

Charity Designation

Designating a charity as beneficiary achieves greater tax savings: The owner enjoys both an income and estate tax

charitable deduction. The only federal tax that may apply is the excess accumulation excise tax which, under IRC section 2053(c) (1)(B), is fully deductible for estate tax purposes.

To demonstrate the significance of these rules, consider the $1 million IRA described above. If instead of naming her children as beneficiaries, Dr. Smith designates a charity, the net after-tax transfer will be about $983,000 ($1 million minus an approximate $17,000 excess accumulation tax). Thus, approximately $753,000 more of the $1 million would be transferred than if Dr. Smith had named her children as beneficiaries.

Significantly, if Dr. Smith instead bequeaths $1 million of her general estate assets to charity, she will not achieve the same tax efficiencies as donating her IRA. The reason: An IRA is income "in respect of a decedent" (IRD), which is subject to both income and estate tax. (While IRC section 691(c) reduces the double tax, it does not eliminate it; the IRD recipient gets an income tax deduction, not a credit, for the estate tax attributable to the IRD.) Because of this, a charitable donation of IRA assets reduces both estate and income taxes. By contrast, a charitable bequest of other assets under a will results in an estate—but not income—tax deduction.

Notwithstanding its tax appeal, some may shy away from donating their IRAs to charity, believing those assets are needed by loved ones. This concern should not prevent the use of an IRA-charitable donation strategy. Because an IRA is subject to both income and estate taxes, if one wants to make any size of bequest to charity, it should be made from an IRA (or qualified plan) instead of from other assets. This can easily be done by splitting an IRA into two separate accounts, one with a family member as beneficiary and the other with the charity as beneficiary.

Charitable Remainder Trust

Rather than creating two separate accounts, a "horizontal" split between the income interest—made payable to the spouse—and the remainderman—made payable to a charity—may be the best way to save taxes. The appropriate mechanism is a charitable remainder trust (CRT) with the spouse as income beneficiary. While a CRT also can be established for a child or other individual, it will not fully achieve the tax results and other benefits described below.

Under the suggested approach, a CRT is designated as the IRA beneficiary. On the IRA owner's death, the entire account balance is transferred to the trust in a single lump sum, providing for regular payments to the spouse. At the spouse's death, the remaining trust assets are distributed to charity or held in further trust for charitable use.

Designating a CRT as an IRA beneficiary achieves many estate-planning objectives:

- Substantial reduction, although not total elimination, of applicable taxes.
- A stream of regular income payments to the owner's spouse.
- A substantial gift to charity.

These objectives are accomplished with great flexibility but without excessive administrative complexity.

The tax consequences of the IRA-CRT arrangement are:

- Total elimination of estate taxes. Even though the spouse's income interest is a terminable interest, it qualifies for the estate tax marital deduction under IRC section 2056(b)(8). Similarly, the charitable remainderman qualifies for the estate tax charitable deduction.
- Partial deferral and elimination of income taxes. Unlike a QTIP and certain other trusts, a CRT is tax-exempt. Consequently, the entire balance can be distributed directly to the CRT with no current income tax. Furthermore, highly appreciated, non-income-producing assets transferred to the CRT can later be sold and reinvested in income-producing assets without triggering capital gains taxes. As amounts are distributed from the CRT to the spouse, they generally are includable in his income. However, amounts not distributed to the spouse, whether attributable to the principal amount originally transferred from the IRA or to earnings on the transferred amount, totally escape income tax.
- The excess accumulation tax is not eliminated or deferred.

While certain limitations apply, there is substantial flexibility in the level of income distributions that may be made from a CRT to the spouse. Under section 664, regular distributions must be made from the trust at least annually for the spouse's life or for a term not in excess of 20 years. The trust can, however, provide that payments will terminate earlier on the occurrence of a stated contingency, such as the spouse's remarriage.

There are two kinds of CRTs—a charitable remainder annuity trust and a charitable remainder unitrust. With an annuity trust, the amount to be distributed annually is a fixed percentage of at least 5 percent of the trust's initial fair market value—the amount transferred from the IRA to the trust. With a unitrust, the amount to be distributed annually is a fixed percentage of at least 5 percent of the trust's then-existing fair market value. Because of this difference, if an IRA owner wants income distributions to be a fixed dollar amount, an annuity trust generally should be used; if the owner wants inflation and the trust's investment performance to affect the amount distributed, a unitrust is the better option.

Another important difference between a unitrust and an annuity trust is that a unitrust may, but need not, provide for payment of the lesser of the fixed percentage or actual trust income (a net-income-only unitrust). Such a provision may provide that any amount by which trust income falls short of the fixed percentage be paid out in subsequent years to the extent the trust's income exceeds the fixed percentage in those years.

Significantly, whether a unitrust or an annuity trust is used, the IRA owner generally can select a high- or low-interest rate for distributions. Subject to the 5 percent minimum rate and, for an annuity trust, a maximum rate determined under the charitable contribution 5 percent probability rule, the distribution rate of an IRA-funded CRT can be based solely on the spouse's needs, without concern for collateral tax implications. Unlike in a typical CRT transfer, where the reduced tax deduction that comes with a higher rate of income distribution has to be considered, in the IRA-CRT arrangement, a full estate tax deduction is available on the IRA owner's death, regardless of the distribution rate to the spouse.

While a CRT is not the shoe for every foot, it frequently is an ideal fit. The alternative may be to give away 75 percent or more of an IRA or qualified plan accumulation to Uncle Sam. For more information, contact me, Bruce Howerton, at 1 (800) 869-1113. ■

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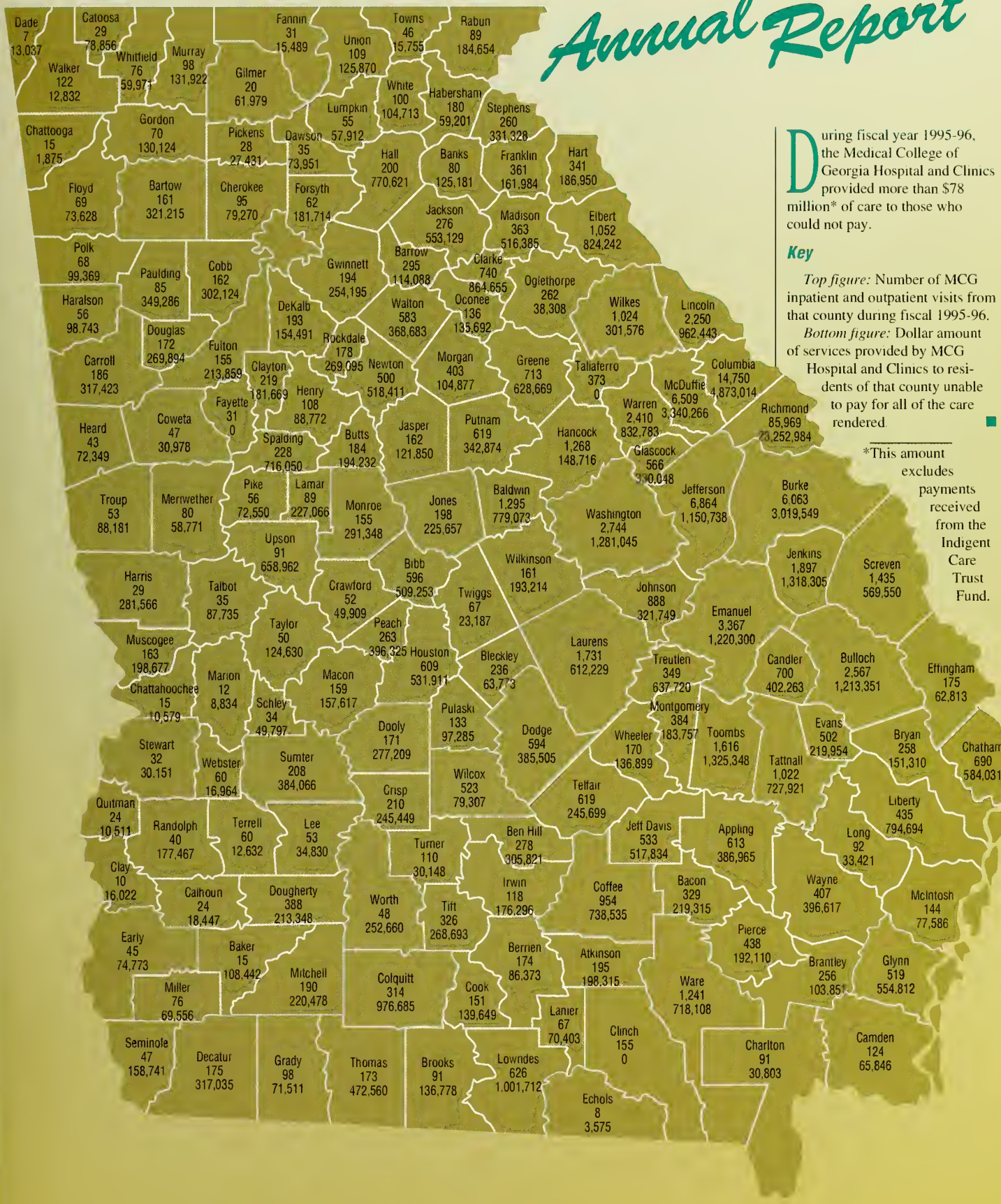
Medical College of Georgia Hospital and Clinics

Annual Report



During fiscal year 1995-96, the Medical College of Georgia Hospital and Clinics provided more than $78 million* of care to those who could not pay.

Key

Top figure: Number of MCG inpatient and outpatient visits from that county during fiscal 1995-96.

Bottom figure: Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.

*This amount excludes payments received from the Indigent Care Trust Fund.

Year in Review

The Medical College of Georgia Hospital and Clinics began fiscal 1995-1996 with a challenge to actively reshape the institution so it can effectively achieve its goals now and well into the next century.

This challenge was presented in the form of MCG 2000 and Beyond, a strategic operations improvement program to enhance the overall aspects of MCG's multiple missions: to provide superior health education and training; to be a major research center of excellence; and to develop and provide state-of-the-art health care services.

Consistent with this challenge was MCG Hospital and Clinics' vigorous effort to develop a strategic approach to meet demands of the health care marketplace to decrease costs while maintaining or improving patient care.

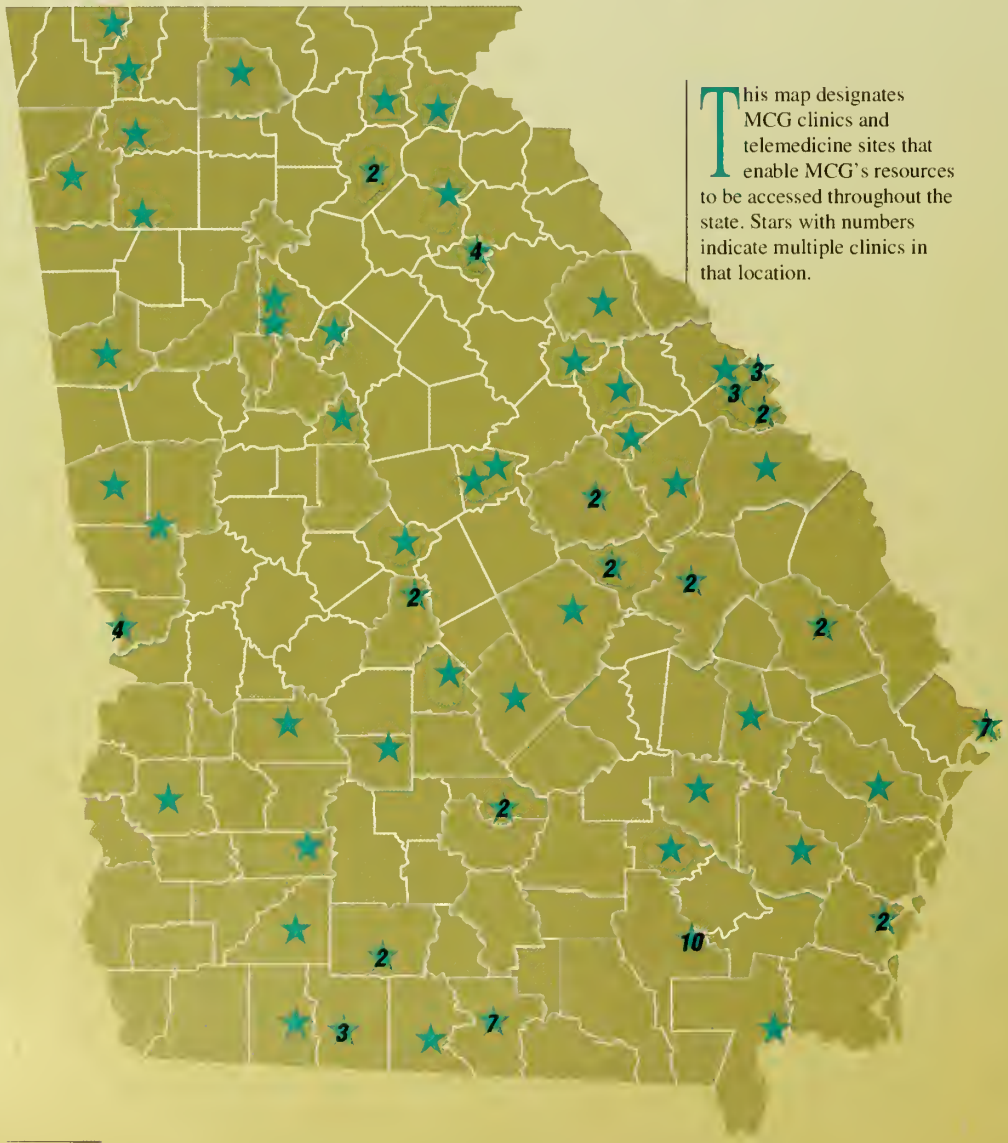
The hospital developed a projected fiscal 1997-98 budget requiring an overall 16 percent reduction in operating expense levels from 1996. Physician leadership developed a comprehensive planning process and program development for utilization management, building on the Case Management Program established in 1994. A Workforce Management Initiative was implemented, resulting in a coordinated process to review hiring decisions to ensure that personnel are increasingly focused in the areas of highest institutional priority, and to minimize costs while maximizing value.

A major 1996 accomplishment was MCG Hospital and Clinics' full three-year accreditation by the Joint Commission for the Accreditation of Healthcare Organizations, confirming the institution's high standards in providing health care.

These high standards were recognized nationally when the hospital was ranked among the top 40 medical centers in the country in neurology, urology, orthopedics and endocrinology in the annual ranking of America's best hospitals by *U.S. News and World Report.* In addition, MCG Hospital and Clinics ranked first among all Georgia hospitals in eight of 12 specialties.

Though MCG was not successful in its effort to secure the TRICARE military contract to care for CHAMPUS-eligible patients, the opportunity had many spillover benefits regarding managed care contracting efforts.

Departments throughout MCG Hospital and Clinics have worked together to meet the challenge of *MCG 2000 and Beyond,* yet remain focused on improving the experience of patients and their families with each and every encounter in the MCG health care system. The philosophy of patient/family-centered care remains at the heart of our vision statement: "...value will be managed by putting the patient and family first."



This map designates MCG clinics and telemedicine sites that enable MCG's resources to be accessed throughout the state. Stars with numbers indicate multiple clinics in that location.

Primary Care Programs and Services

The managed care system has greatly emphasized the primary care physician's responsibility to provide effective, available, cost-efficient health care and guide patients through the full spectrum of services necessary to manage any illness.

In December 1995, MCG developed an interdisciplinary primary care practice in the Ambulatory Care Center.

Recognizing the strength of a collaborative effort between community physicians and MCG-based faculty, MCG initiated a community-based primary care physician network linked to MCG Hospital and Clinics.

To enhance primary care delivery in pediatrics, an immunization computer data base was implemented which is networked to regional county health departments. An immunization center is planned when funds become available. This will benefit all children as attempts continue to meet the growing need and demand to have all children adequately immunized by age 2.

In the Family Medicine Center, a Patient Advisory Council was organized in a continued effort to enhance patient services. The Family Medicine Center continues to house the multidisciplinary extended-hours service, providing flexibility to both providers and patients via evening and Saturday hours.

Specialty Medical/ Surgical Care

In 1993, MCG Hospital and Clinics officially adopted a family-centered care philosophy, primarily to be used in planning for the new MCG Children's Medical Center and to upgrade existing CMC services. Since then, this philosophy of care has broadened to other disciplines within the hospital, including specialty medical and surgical care.

The patient/family-centered care philosophy holds that each patient and family are honored as unique with unique values, needs, environments, cultures, resources and strengths, and are recognized as

members of the health care team.

Concepts instituted this year include:

- Issuing pagers to members of patients' families in the Ambulatory Surgery Unit, enabling them to feel free to leave the unit's waiting area but still be reached when needed.
- Evaluating adult intensive care unit visitation practices from patient, family and staff perspectives. Data generated from that assessment is being incorporated to promote more open visitation practices.
- Educational offerings, with patients' family members sometimes serving as faculty.
- Convening a multidisciplinary group to establish a plan and implement a pilot volunteer program for Specialized Care Center waiting rooms.

Specialty patient care services were enhanced by developing and implementing a plan to establish an Observation Services Unit for postoperative patients requiring short-term observation and care before discharge.

Women's and Children's Services

MCG Hospital and Clinics' commitment to patient/family-centered care extends to services for women and children. The concept was a catalyst in developing *First Place,* an identity for the Regional Perinatal Center.

Other women's services are provided by the Comprehensive Cancer Center where, this year, the breast cancer staff developed a treatment plan for each patient diagnosed with breast cancer, ensuring optimal treatment.

Fiscal 1996 initiatives included:

- Video colposcopy, enabling women to watch their examinations to better understand their disease and reduce anxiety.
- Stereotactic breast biopsies performed by surgeons working with radiologists with state-of-the-art equipment to minimize discomfort.
- Continuing education and practice resources through the Maternal and Infant Project for perinatal nurses in 16 hospitals within the East Central Georgia Health District.

Significant activities in women's and children's services include:

- Breaking ground for the 220,000-square-foot MCG Children's Medical Center, scheduled for completion in late 1997.
- Opening a 36-bed Neonatal Intensive Care Unit.
- Renovating and expanding the Labor and Delivery Unit.
- Adding five new classes to the Perinatal Education Program.
- Developing a comprehensive pediatric emergency department to complement existing emergency services.
- Developing a child neglect and abuse detection and treatment service.
- Opening a Pediatric Cardiology Practice and Diagnostic Unit strategically located near the Pediatric Catheterization Laboratory and Neonatal Intensive Care Unit.
- Expanding the Pediatric Oncology Practice site hours so chemotherapy can be scheduled conveniently for patients and their families.

Neurobehavioral Services

The Department of Psychiatry will begin a team approach to patient care in fiscal 1997. Each team will consist of a psychiatrist, psychologist, social worker, psychology resident and two psychiatry residents. Teams will follow their patients, regardless of the treatment setting, providing quicker access for patients and enhancing their long-term care and satisfaction.

The Department of Neurology treated more than 6,000 patients and performed more than 17,000 procedures in the clinical service areas of child neuropsychology, Neuromuscular Tissue Lab, Adult Epilepsy Monitoring Unit, adult neuropsychology, EEG Lab and pediatric epilepsy.

Neurology and neurosurgery are developing a pallidotomy program.

A primary research area continues to be sickle cell disease. Dr. Robert Adams is the principal investigator of a $13 million National Institutes of Health grant for a two- to five-year study of the effectiveness of blood transfusion to prevent stroke in pediatric sickle cell patients. This multi-center study encompasses 12 off-campus sites in the United States and Canada. At MCG, the study involves members of the Departments of Neurology, Medicine and Pediatrics. The study will be the cornerstone for future sickle cell clinical initiatives and research throughout the institution.

Other Initiatives

The breadth of the Patient Satisfaction Survey continued to grow during fiscal 1996. MCG has expanded participation in the University HealthSystem Consortium Satisfaction Measurement and Improvement Program, receiving findings from four separate institution-wide surveys during the year.

MCG has been a key contributor to the Community Health Status Assessment Task Force, organized by the East Central Georgia Public Health Department in late 1995 to increase efforts begun by the Health Status Assessment Subcommittee of the Partnership for Community Health of Augusta/Aiken. The task force's goal is to develop a methodology for the local community to examine its citizens' health, using both traditional health indicators and socioeconomic variables affecting the health and welfare of the community.

An answering service implemented in November 1995 operates 24 hours a day for MCG faculty physicians in clinical practice. The answering service has enabled the *MCG Consult Line* for referring physicians to be answered 24 hours a day, seven days a week by knowledgeable health referral specialists. The consolidation of these services into an improved, enhanced access system is now called *MCG Physicians Direct.*

MCG Hospital and Clinics' Regional Trauma Center's Injury Prevention Program was implemented to reduce the mortality, morbidity and cost of trauma care. One facet of the program targets children from kindergarten through grade 12, combining institutional and marketed material with developmentally appropriate content covering areas such as safety belt use, the hazards of driving while impaired, safe bicycling and recreational safety.

MCG Hospital and Clinics' Rehabilitation Services, completed in fall 1995, encompasses physical therapy, occupational therapy and a component of speech pathology. Its increased size and full staff enables improved patient care through several operational changes.

The Center for Sports Medicine increased its outpatient volume by 16 percent in fiscal 1995-96. Design plans for the center's expansion, approved by the University System of Georgia Board of Regents in March 1996, began in June. The center was accepted into the U.S. Olympic Rehabilitation Network, serving as a referral site for national-level athletes. ■

MCG Opens New Neonatal Intensive Care Unit

Toni Baker

The Medical College of Georgia Children's Medical Center has opened a new neonatal intensive care unit that creates a soothing environment for babies and parents.

The unit is on the top floor of MCG's Specialized Care Center, just down the hall from where the new CMC, currently under construction, will merge with the Specialized Care Center.

"Today's care of critically ill newborns is people- and technology-intensive, especially in centers such as MCG where the highest level of critical care is available to fragile preemies and other newborns," said Dr. Jatinder J. Bhatia, Chief of the MCG Section of Neonatology.

"With the intensity of care at an all-time high, it has become even more important to make the unit comfortable for babies and their families who may be spending many weeks or months in our hospital," Dr. Bhatia said. "Science supports this approach as well, because we now know that environmental factors such as light and sound can actually be stressful to these babies and that addressing those issues is an important part of their total care."

In this intensive care unit where activity never stops, 10-foot ceilings, windows to the outside world, carpeted aisles and adjustable lighting help create a soothing, natural environment.

Ten feet of space between each baby provides optimal space for parents and the multiple health care professionals who may be caring for their baby at any time.

The new 36-bed, 15,000-square-foot neonatal intensive care unit is more than four times the size of the former 20-bed intensive care unit and eight-bed intermediate care unit it replaces. It consolidates the care into one facility where the continuum of care begins when the baby is admitted then continues as he improves and as he and his parents spend time together before he goes home.

Each bed in the new unit can

serve as a critical-care or intermediate-care bed, depending on the changing needs of the babies. Here patients such as pound-and-a-half babies born three months prematurely may spend those three months growing and gradually becoming ready to go home.

Six isolation rooms, equipped with operating room lights and positive and negative air pressure flow, enable doctors to treat patients with complex, emergent problems. These rooms are ideal for babies requiring extracorporeal membrane oxygenation (ECMO), which takes over the work of the heart and lungs for several days or even weeks until problems with these essential organs can be resolved. MCG Children's Medical Center was one of the first facilities in the Southeast to offer ECMO for babies and remains a major referral center for this procedure, Dr. Bhatia said.

The NICU has its own pharmacy, lactation room, on-site blood gas laboratory and digital radiology system so doctors can quickly review X-rays. A viewing room lets parents and siblings look into the unit at their baby, a plus particularly if family members have a contagious illness or if a sibling is shy about going into the unit. A large family waiting room has a play area for siblings.

As parents prepare to take their baby home, they can spend time together in a room that looks like home. This gives parents time to begin assuming more responsibility for the actual care of their child within safe distance of the NICU staff.

Dr. Bhatia anticipates an average occupancy rate of about 80 percent for the NICU, whose patients come from throughout Georgia as well as parts of South Carolina, Florida and Alabama.

As a regional Perinatal Center, MCG Hospital often participates in the care of these babies before their birth when a high-risk pregnancy jeopardizes the mother, the baby or both, Dr. Bhatia said.

"This is the only hospital in the state of Georgia that can provide complete care of the mother and baby under one roof, he said. Recent renovation and expansion of the hospital's labor and delivery area have enhanced the physical facilities for that aspect of care as well.

"The Perinatal Center, called *First Place*, puts together all the pieces of this care, from the identification of pregnancy through the evolution of pregnancy," said Dr. Lawrence D. Devoe, Chairman of the Department of Obstetrics and Gynecology and Chief of the MCG Section of Maternal-Fetal Medicine. "Particularly for those who require a specialized or higher level of care, there has to be planning and integration of those who are going to provide care to the mother and the fetus and those who are going to provide care for the baby."

Architectural and construction fees for new unit totaled $2.2 million; equipment and furnishings totaled $876,645, paid for, in part, by a $482,994 grant from the U.S. Department of Health and Human Services. ■

Hospital Leaner, But More Efficient Than Ever

It would be logical to assume that reducing an operating budget by some 10 percent in a single year would severely impair a hospital's operation.

But the Medical College of Georgia Hospital and Clinics—whose 1997 budget will be $18.5 million lower than this year's budget of $248 million—is more efficient and productive than ever, according to Executive Director Patricia Sodomka. "I feel very good about what we've accomplished this year—taking so much cost out of the our system without across-the-board employee reduction and without sacrificing quality," Ms. Sodomka said. "I expect to continue in that mode."

The hospital recently completed a benchmark study to compare its costs and performance to that of other academic medical centers and community hospitals. "In the areas where our costs seemed out of line, our managers set a goal to modify operations to put us in the top quartile of hospitals," she said. More than 20 teams were formed to address various aspects of performance enhancement and cost control, and MCG physicians are using methods to access the optimal use of resources. The hospital also created more than 40 collaborative-care pathways—treatment plans developed by all members of a health care team based on the most effective known approach to specific diagnoses.

Another cost-saving measure has been to outsource functions, such as laundering, that can be more efficiently handled by a private business than within the hospital. And of course, the hospital has become increasingly involved in managed care, more than doubling its managed-care contracts in the past year.

Such changes are not only cost-effective, but are vital in creating a realistic environment for MCG students preparing for a health career, Ms. Sodomka said. Today's students almost inevitably will practice in a managed-care, cost-conscious environment, she said, and the educational programs must train them to do so. "The whole paradigm of health care has shifted to prevention and managing the health of populations rather than episodic care delivered after people become ill or injured," she said. "The goal is to emulate an environment in which students will practice."

MCG already is ahead of the curve, she said. For instance, the hospital's support of the Jefferson Hospital's Prenatal Center—a means for all women, regardless of socioeconomic level, to receive regular, first-rate prenatal care—reflects its commitment to wellness and helping outlying communities bolster the health of their residents. "We're focusing on what communities want," she said, noting that prevention-minded health care will have positive, cost-saving repercussions for years to come. ■

Ms. Ostric Named CMC Administrator

Toni Baker

Elizabeth J. Ostric, former Vice President of Le Bonheur Children's Medical Center in Memphis, Tenn., was named Administrator of the Medical College of Georgia Children's Medical Center by the University System of Georgia Board of Regents at its March meeting.

"Elizabeth's extensive experience with so many aspects of the care of children and their families coupled with her enthusiasm for joining this community, this state and this university's longstanding commitment to children ensures that she will be a great asset," said Patricia Sodomka, Executive Director of MCG Hospital and Clinics.

"She joins our administrative staff at an important time as we look toward the transition into our new facility and our further evolution as a center for health care and wellness for children and families," Ms. Sodomka said. MCG broke ground in November 1995 on a 220,000-square-foot Children's Medical Center scheduled for completion in late 1997.

"It was an opportunity that I could not refuse," Ms. Ostric said of her appointment. "There's a very great opportunity here to create a new and better family-centered care system, even better than those existing in other children's hospitals in the country, and that's what I want to do."

Her first priority will be an orientation. "Much work already has been accomplished by the faculty and staff of the MCG Children's Medical Center," she said. "I want to be a member of that team, blend into their work, help enhance it and help carry it forward."

Ms. Ostric earned her undergraduate degree from Smith College in Northampton, Mass., in 1980 and her master of health administration and planning degree from Washington University School of Medicine in 1983. She then completed a one-year administrative residency at Le Bonheur before joining the staff of the children's hospital, which is affiliated with the University of Tennessee College of Medicine.

She has served as Director of Admissions and Telecommunications, Assistant Vice President for Finance, Vice President for Operations and Vice President for Program Development for Le Bonheur Health Systems, Inc. As a result of Le Bonheur's merger with the Memphis-based hospital system, Methodist Health Systems, Inc., her title was changed to Vice President in 1995. ■

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Specially trained Health Referral Specialists and Health Triage Specialists answer calls 24 hours a day, seven days a week and connect you directly with the faculty member you request or the faculty member on call for each of our clinical services. All services have faculty members on call around the clock to assist you with any patient or professional need.

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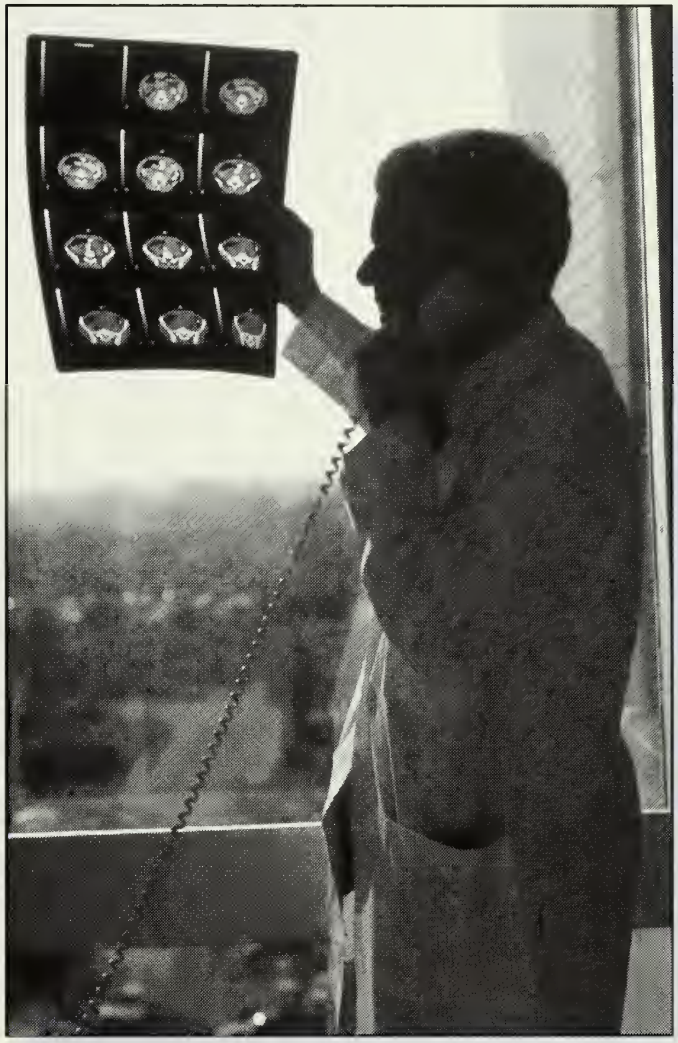
- Consult with faculty
- Access information about clinical findings
- Reach MCG physicians' offices to schedule appointments for your patients during business hours
- Have direct access to faculty on call evenings, nights, weekends and holidays
- Access other MCG professional activities and services, such as continuing medical education and the medical library



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HOSPITAL AND CLINICS

Summary Statement of Current Funds Revenues, Expenditures and Other Changes

Year Ended June 30, 1996

	Unrestricted			
	Educational and General	Auxiliary Enterprises	Restricted	TOTAL
Revenue				
Educational and General Revenues				
Student Tuition and Fees	$ 7,634,688			$ 7,634,688
Federal Appropriations				0
State Appropriations	142,170,398			142,170,398
Local Appropriations				0
Federal Grants and Contracts	2,366,569		11,756,265	14,122,834
State Grants and Contracts	65,158		13,909,062	13,974,220
Local Grants and Contracts			411,582	411,582
Private Gifts, Grants and Contracts	460,051		35,784,701	36,244,752
Investment Income				
Endowment			84,487	84,487
Other				0
Sales and Services of Educational Departments	7,078,008			7,078,008
Other Sources	87,577			87,577
Patient Fees	208,069,221			208,069,221
Sales and Services of Auxiliary Enterprises		6,827,603		6,827,603
TOTAL REVENUES	**367,931,670**	**6,827,603**	**61,946,097**	**436,705,370**
Expenditures and Mandatory Transfers				
Educational and General Expenditures				
Instruction	93,882,850		35,910,632	129,793,482
Research	13		16,219,179	16,219,192
Public Service	2,688,522			2,688,522
Academic Support	8,790,064		542,178	9,332,242
Student Services	1,474,662		18,169	1,492,831
Institutional Support	11,266,466		964,069	12,230,535
Operation and Maintenance of Plant	8,797,998			8,797,998
Scholarships and Fellowships	949,103		1,012,495	1,961,598
Hospital Expenditures	234,916,501		7,279,376	242,195,877
Auxiliary Enterprises Expenditures		6,281,448		6,281,448
Mandatory Transfers				0
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	**362,766,179**	**6,281,448**	**61,946,098**	**430,993,725**
Other Transfers and Additions/Deductions				
Excess Restricted Receipts Over Transfers to Revenues			3,760,860	3,760,860
Non-Mandatory Transfers	(5,014,480)	(372,387)		(5,386,867)
Adjustments—Prior Year	459,836	174		460,010
Lapse of Surplus—Prior Year				
To State Treasury—General Funds	(121,445)			(121,445)
To State Treasury—Lottery Funds				0
TOTAL OTHER TRANSFERS AND ADDITIONS/DEDUCTIONS	**(4,676,089)**	**(372,213)**	**3,760,860**	**(1,287,442)**

President's Club

President's Level

Members of the club's President's Level have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club.

Mr. Gerry H. Achenbach
Dr. and Mrs. Russell A. Acree Sr.
Mr. and Mrs. W. Clay Adamson Jr.
Dr. and Mrs. Marshall B. Allen Jr.
Mr. and Mrs. William L. Amos Sr.
Estate of Dr. William L. Barton
Dr. James W. Bennett
Mr. and Mrs. Paul Berney
Mrs. W. Herman (Estelle) Brooks
Dr. Clark Case
Mr. and Mrs. W. Roscoe Coleman
Estate of Dr. Allen M. Collinsworth
Mrs. James A. (Willie Ewing) Crockett
Dr. and Mrs. H. Gordon Davis Jr.
Dr. and Mrs. H. Gordon Davis III
Dr. and Mrs. Byron H. Dunn
Drs. Taher Abdel M. El Gammal and Betty Sue Brooks
Drs. Robert G. and Lois T. Ellison
Dr. Emile T. Fisher
Mrs. Sammie S. Flaherty

Dr. W. Stewart Flanagin
Dr. and Mrs. Marvin C. Goldstein
Mr. Edward L. Greenblatt
Mr. John C. Hagler III and Dr. Mary Anne Tyler Hagler
Dr. and Mrs. Chenault W. Hailey
Dr. and Mrs. Curtis G. Hames
Mr. and Mrs. Marion P. Harris
Dr. and Mrs. J. Harold Harrison
Mrs. Milford B. (Marion) Hatcher
Mrs. Grace S. Hawes
Mrs. Charles Goodrich (Carolyn) Henry
Dr. and Mrs. Paul F. Holcomb
Dr. and Mrs. Gordon W. Jackson
Mr. and Mrs. Lansing B. Lee Jr.
Dr. and Mrs. Virendra B. Mahesh
Estate of Marguerite Fugazzi Mason
Mrs. Corrie Ann Maxwell
Mr. and Mrs. Mrs. Charles M. McCrory
Dr. and Mrs. Virgle W. McEver Jr.
Dr. Andrew Thomas McRae Jr.
Mrs. Lillie Mae Mealing
Mr. and Mrs. Douglas L. Moody
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Dr. and Mrs. Lynn L. Ogden
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Dr. and Mrs. Arthur W. Willis Jr.
Drs. Charles H. and Betty B. Wray

The Medical College of Georgia hosts a President's Dinner every fall to honor members of the President's Club. The following photographs are scenes from the 1995 dinner.

Founders Level

The following members of the President's Club at the Founders Level have made lifetime contributions of $10,000 to $49,999.

Dr. William C. Acton
Mr. and Mrs. R. Thomas Ambrose
Dr. and Mrs. W. Jackson Atha Jr.
Dr. Mims C. Aultman
Mr. and Mrs. Jack Bandy
Dr. and Mrs. Raymond C. Bard
Dr. and Mrs. James T. Barenie
Dr. and Mrs. Fred Donald Bass
Dr. and Mrs. Estol R. Belflower
Dr. and Mrs. Wayne D. Beveridge
Mr. and Mrs. Robert S. Bissell Jr.
Dr. Joseph A. and Rev. Dr. Janice L. Blissit
Mrs. Lois H. Bohler
Dr. Richard L. Borison
Dr. and Mrs. Mercer T. Bridges Sr.
Mrs. Mary W. Burnett
Dr. and Mrs. Charles G. Burton
Mrs. Sarah Turner Butler
Dr. and Mrs. Cliff L. Cannon Jr.
Dr. and Mrs. Nelson S. Carswell Jr.
Dr. and Mrs. A. Bleakley Chandler Sr.
Dr. and Mrs. Joseph Bryan Chastain
Mr. and Mrs. Cassius M. Clay
Dr. and Mrs. Gordon Blake Collins
Dr. and Mrs. James Emmett Collins
Dr. and Mrs. William C. Collins
Dr. and Mrs. John W. Darden
Dr. J.W. Richard Davis
Dr. Leila D. Denmark
Dr. and Mrs. Howard Clifton Derrick Jr.
Dr. Linda A. Ellis
Dr. and Mrs. Harold S. Engler
Mr. and Mrs. J. Lee Etheredge Jr.
Dr. Alva H. Faulkner
Dr. Fort F. Felker Jr.
Dr. and Mrs. James F. Flanders Jr.
Dr. and Mrs. Herman F. Flanigin Jr.
Mr. and Mrs. Eugene Fleischer
Drs. Murray A. and Sandra N. Freedman
Dr. and Mrs. Atwood McGowen Freeman Jr.
Dr. and Mrs. Gerald M. Freeman
Dr. and Mrs. William E. Freeman
Dr. and Mrs. Thomas R. Gadacz
Dr. and Mrs. R. Don Gambrell Jr.
Dr. and Mrs. Glen E. Garrison
Dr. and Mrs. Gregory L. Gay
Dr. and Mrs. James William Gay
Dr. and Mrs. Peter G. Gilbert
Dr. and Mrs. Donald M. Gilner
Dr. Donald D. Gold
Dr. Samuel Melvin Goodrich and Ellen Schneider Goodrich
Mrs. Dorothy Royal Gower
Dr. and Mrs. Frank B. Graham III
Dr. and Mrs. Lowell M. Greenbaum
Dr. and Mrs. Louie H. Griffin Jr.
Dr. and Mrs. J. Daniel Hanks Jr.
Dr. and Mrs. Billy S. Hardman
Dr. and Mrs. Thomas F. Hardman
Dr. Patricia L. Hartlage
Dr. Melvin L. Haysman and Roberta Kamine-Haysman
Dr. Dariush Heidary
Dr. and Mrs. Loy G. Hicks Jr.
Mr. and Mrs. R. Eugene Holley
Dr. and Mrs. William D. Hughes
Dr. C.M. Hutchinson
Mr. and Mrs. Harold C. Jackson
Dr. and Mrs. Floyd C. Jarrell Jr.
Mr. and Mrs. R. Wayne Jennings
Dr. C. Denton Johnson Jr.
Dr. and Mrs. Lawson C. Johnson Sr.
Dr. and Mrs. John Paul Jones
Dr. and Mrs. Thomas Eugene Kennedy
Dr. and Mrs. Van Cise Knowles
Mr. and Mrs. Wyck A. Knox Jr.
Mr. and Mrs. Jack Henry Korn
Mr. and Mrs. Joseph W. Korn
Mr. George H. Lane III
Dr. and Mrs. James F. Langford
Dr. and Mrs. William T. Langston
Dr. and Mrs. Stanley H. Levine
Dr. and Mrs. Charles W. Linder
Dr. and Mrs. H. Gilbert Maddox Jr.
Dr. and Mrs. Arlie R. Mansberger Jr.
Dr. and Mrs. Robert A. Matthew
Mr. William W. Matthies
Mr. and Mrs. D. J. Matuszak
Dr. and Mrs. Wallace D. Mays
Drs. E. James and Martha S. McCranie
Dr. and Mrs. Paul G. McDonough
Dr. and Mrs. LaMar Scott McGinnis Jr.
Dr. and Mrs. Sylvester N. McRae
Dr. Carol F. Meyer
Dr. Frank J. Miller
Dr. and Mrs. John C. Mitchell
Mr. Mark and Dr. Jeannie H. Moran
Dr. and Mrs. Robert T. Morgan
Mr. and Mrs. William S. Morris III
Ms. Alice G. Muldoon
Mr. and Mrs. Robert A. Muldoon
Dr. and Mrs. Daniel E. Nathan
Dr. and Mrs. Jule C. Neal Jr.
Dr. and Mrs. John W. Nelson
Dr. and Mrs. Harvey M. Newman III
Dr. Fenwick Tattnall Nichols III and Dr. Martha E. Nichols
Dr. and Mrs. Stephen A. Noller
Drs. James L. and Mary Hamby O'Quinn
Mrs. Nora Pascarella
Dr. and Mrs. Lamar B. Peacock
Mrs. Louise Morris Peacock
Mrs. Jane R. Pidcock
Dr. Winford H. Pool Jr.
Mrs. Florence Pratt
Dr. and Mrs. William H. Rhodes Jr.
Mrs. Minnie M. Rinker
Dr. and Mrs. Jim L. Rogers
Mrs. Estelle S. Rosen
Mr. and Mrs. James Salva
Dr. and Mrs. Beverly B. Sanders Jr.
Dr. and Mrs. F. Hunt Sanders
Dr. and Mrs. Milton B. Satcher
Dr. and Mrs. Elwyn A. Saunders
Dr. and Mrs. Lloyd B. Schnuck Jr.
Mr. and Mrs. Abram J. Serotta
Mr. O. L. Shaffner
Dr. Robert I. Schattner
Dr. and Mrs. William C. Shirley Sr.
Dr. and Mrs. Jerome H. Siegel
Mrs. Joseph Siegel
Dr. James S. Simpson III
Dr. Sam A. Singal
Mrs. Linda G. Spooner
Dr. and Mrs. James W. Stapleton
Dr. and Mrs. Frank H. Stelling
Dr. and Mrs. W. Dean Steward
Dr. and Mrs. Douglas L. Stringer
Dr. and Mrs. Frederick C. Sturmer Jr.
Dr. and Mrs. Daniel B. Sullivan
Dr. Sandra Phung Thi Tho
Dr. and Mrs. Larry L. Tilley
Dr. Joseph W. Tollison
Dr. and Mrs. Evan M. Torch
Dr. and Mrs. T. Barrett Trotter
Dr. and Mrs. J. Render Turner
Mrs. Jeanette M. Vallotton
Drs. Larkin F. Walker and Teresa C. De Rojas-Walker
Mr. and Mrs. Harold Weiner
Dr. and Mrs. Michael H. Whittle
Dr. and Mrs. Leslie L. Wilkes
Dr. and Mrs. A. Calhoun Witham
Dr. Roy Witherington
Mrs. Elaine D. Wong
Mrs. Louise M. Wright
Mr. Weldon Wyatt
Dr. Thomas J. Yeh

Partner Level

The following members of the President's Club have attained Partner Level membership through their gifts of $1,000 or more during fiscal 1995-96.

Dr. and Mrs. Henry M. Althisar Sr.
Dr. and Mrs. John L. Anderson Jr.
Dr. and Mrs. J. Michael Ash
Dr. and Mrs. Henry W. Bailey
Dr. and Mrs. Philip Bates Bailey
Dr. and Mrs. Jon E. Baldwin
Dr. and Mrs. Lyle W. Bauman
Dr. and Mrs. T. Reppard Bennett
Dr. and Mrs. Vidor Bernstien
Dr. and Mrs. Darshan S. Bhatia
Dr. and Mrs. Eugene F. Binet
Dr. and Mrs. William R. Birdsong
Dr. and Mrs. J. Thomas Blackwell Jr.
Dr. and Mrs. John R. Blair
Mr. And Mrs. Jon Bloomfield
Dr. and Mrs. J. Larry Boss
Dr. and Mrs. Talmadge A. Bowden Jr.
Dr. and Mrs. William S. Boyd
Dr. Jean B. Braun
Dr. and Mrs. Lloyd C. Brewton
Dr. and Mrs. Frank L.R. Briggs
Dr. and Mrs. William P. Brooks
Dr. Walter J. Brown III
Dr. and Mrs. Wiilliam H. Buntin Jr.
Dr. and Mrs. Joseph J. Burch
Mr. and Mrs. David M. Byrd
Mr. and Mrs. Joseph Byrd
Mr. and Mrs. Stephen A. Byrd
Mr. and Mrs. Mark C. Callaway
Dr. and Mrs. M. Gary Carter
Dr. Ralph J. Caruana
Dr. and Mrs. Robert M. Cates
Mr. and Mrs. Dale M. Chernich
Mr. and Mrs. James Russell Clarke
Drs. Alfred Olin Jr. and Luella Klein Colquitt
Dr. and Mrs. Robert W. Comer
Dr. and Mrs. Don Ray Connell
Dr. and Mrs. R. Scott Corpe
Dr. and Mrs. David F. Daniel
Mr. and Mrs. N. Kenneth Daniel
Dr. and Mrs. William R. Deal
Dr. Charlie W. Dean
Dr. and Mrs. Johnny T. Deen
Dr. and Mrs. John L. Dekle Jr.
Dr. and Mrs. Ervin Dan DeLoach
Dr. and Mrs. H. Clark Deriso Jr.
Mr. and Mrs. Charles E. Des Combs
Dr. and Mrs. Don Bernard DeStephano
Dr. and Mrs. James W. Dewberry Sr.
Dr. and Mrs. William B. Dial
Dr. and Mrs. William K. Dolen
Drs. Thomas L. and Kelley B. Dopson
Dr. and Mrs. Jewell B. Duncan
Dr. and Mrs. Lester S. Duncan
Dr. and Mrs. John R. Duttenhaver
Dr. and Mrs. Wallace S. Edwards
Dr. C. W. Ellison
Dr. and Mrs. Robert A. Erdin Jr.
Drs. D. Durrell and Denise R. Evans
Dr. and Mrs. Ramon E. Figueroa-Ortiz
Dr. and Mrs. Paul M. Finer
Mr. and Mrs. Richard D. Fishback
Dr. and Mrs. Garnett A. Fisher
Dr. and Mrs. Edwin E. Flournoy
Ms. Fredericka M. Flynt
Dr. Deborah C. Gallup
Dr. and Mrs. Garnett J. Giesler Jr.
Dr. and Mrs. Barry D. Goldstein
Dr. and Mrs. Isaac Goodrich
Dr. and Mrs. William H. Gordon
Dr. and Mrs. Woodrow Goss
Dr. Charles R. Green
Dr. and Mrs. James R. Gregory
Dr. and Mrs. Shelley A. Griffin
Dr. and Mrs. Garland K. Gudger
Drs. Marshall A. and Margaret F. Guill III
Dr. David R. Hall
Dr. and Mrs. William Charles Hall
Dr. Edward H. Hamilton Jr.
Dr. and Mrs. John A. Hardin
Dr. and Mrs. Carl R. Hartrampf Jr.
Mr. and Mrs. Milford B. Hatcher Jr. Esquire
Dr. and Mrs. David G. Helton
Dr. and Mrs. Paul E. Henson Jr.
Mr. and Mrs. James F. Hilliard
Dr. Chen K. Ho
Dr. and Mrs. Charles F. Hobby Sr.
Dr. and Mrs. Walter F. Homeyer Jr.
Dr. and Mrs. Thomas R. Howdieshell
Dr. and Mrs. Jerry W. Howington
Dr. and Mrs. James W. Jackson
Dr. and Mrs. Todd S. Jarrell
Drs. Rita S. and Ravinder Jerath
Cmdr. F. Stanley Jones
Dr. and Mrs. Henry S. Jordan Jr.
Dr. and Mrs. William P. Kanto Jr.
Mr. and Mrs. Samuel B. Kellett
Dr. and Mrs. T. Vernon Kelley
Dr. and Mrs. David E. Kent
Dr. and Mrs. Don W. King
Mr. and Mrs. Robert P. Kirby
Drs. Darrell G. and Deborah M. Kirch
Dr. Ferdane Kutlar
Drs. Clinton E. and Vickie A. Lambert
Dr. and Mrs. Michael N. Laslie
Dr. and Mrs. Paul Alan Lavietes
Dr. and Mrs. Jack Lawler
Dr. and Mrs. Mallory A. Lawrence
Dr. and Mrs. Chong S. Lee
Dr. and Mrs. John L. Lee Jr.
Dr. and Mrs. Ronald W. Lewis
Dr. and Mrs. Joel E. Lightner Sr.
Dr. Cathy Corinne Lovett
Mr. Warren Clay and
Dr. Katherine T. Lovett
Dr. and Mrs. Joseph S. Lunn
Drs. Charles W. Lutcher and
Priscilla Gilman
Dr. and Mrs. Malcolm N. Luxenberg
Mr. Wayne L. Lyell
Dr. and Mrs. John Gray Madry Jr.
Dr. Annamma T. Mammen
Dr. and Mrs. Thomas C. Mann Sr.
Dr. and Mrs. John A. Mansberger
Dr. Leigh A. Mansberger
Dr. and Mrs. James E. Marlow
Dr. and Mrs. Roger P. Martin
Dr. and Mrs. Sloan P. Martin Jr.
Dr. and Mrs. Wayne S. Mathews Jr.
Mrs. Marilyn N. Matthies
Dr. and Mrs. James S. Maughon Sr
Dr. and Mrs. Alva L. Mayes Jr.
Dr. and Mrs. William E. Mayher III
Dr. and Mrs. John S. McClelland
Dr. and Mrs. Dennis E. McDonnell
Dr. and Mrs. Virgle W. McEver III
Dr. and Mrs. Ollie O. McGahee Jr.
Dr. and Mrs. Ray L. McKinney
Dr. Hal B. McLean
Dr. Patricia K. Miller
Dr. William Walton Mims Jr.
Dr. and Mrs. Michael C. Mobley
Dr. and Mrs. Stanley R. Mogelnicki
Dr. and Mrs. Thomas A. Montgomery
Dr. and Mrs. David O. Moore
Mr. and Mrs. David L. Moretz
Dr. and Mrs. William H. Moretz Jr.
Dr. and Mrs. Larry A. Morris
Dr. and Mrs. John L. Moseley
Dr. and Mrs. David R. Myers
Dr. Gordon D. Myers
Dr. and Mrs. William L. Nabors
Dr. and Mrs. Robert R. Nesbit Jr.
Mr. and Mrs. W. Frank Newsome
Drs. Fenwick T. Nichols Jr. and
Caroline Williams
Dr. and Mrs. David P. Nicholson
Dr. and Mrs. James B. Osborne
Dr. William Elton Osborne
Dr. and Mrs. William M. Oxford
Mrs. Constance Parramore
Dr. and Mrs. Rafael Pablo Pascual
Dr. and Mrs. Elwyn V. Patrick
Dr. and Mrs. Weems R. Pennington Jr.
Estate of Joy O'Brien Perry
Dr. Thomas E. Philpot
Dr. and Mrs. Joel C. Pittard
Dr. and Mrs. J. Terrell Pope
Dr. and Mrs. James C. Pope
Dr. and Mrs. Stuart H. Prather Jr.
Dr. and Mrs. William H. Pullen Jr.
Drs. James B. and Joan Puryear
Drs. Nicholas J. and Alice Quinif
Dr. and Mrs. Joel H. Rainer
Dr. and Mrs. John S. Ravita
Dr. and Mrs. Ronald C. Reagan
Mrs. Edith H. Reese
Dr. and Mrs. John L. Reynolds
Drs. Chesley L. and Calita S. Richards
Dr. and Mrs. Phillip L. Roberts
Dr. Tammy J. Robinson
Dr. and Mrs. Harvey B. Roddenberry
Drs. David A. and Laura Q. Rogers
Dr. and Mrs. Robinson W. Schilling Jr.
Dr. and Mrs. Hoke C. Segars
Dr. and Mrs. Edouard J. Servy
Dr. and Mrs. W. Herman Sessions
Drs. Jayesdrakuma J. and Meena J. Shah
Dr. William C. Shirley Jr.
Drs. Mark M. and Joyce N. Shoemaker
Dr. and Mrs. William E. Silver
Dr. and Mrs. Robert W. Sims
Drs. Marvin E. and Lana S. Skelton
Dr. Roberta M. Slater
Dr. and Mrs. James H. Smith
Dr. and Mrs. Larry R. Smith
Dr. and Mrs. W. T. Smith
Dr. and Mrs. Melvin Spira
Dr. and Mrs. Curt M. Steinhart
Dr. and Mrs. Brian M. Strain
Dr. and Mrs. James T. Sutton
Dr. and Mrs. Theo G. Thevaos
Dr. and Mrs. Ralph A. Tillman Sr.
Dr. Richard C. Treat
Dr. Tamela B. Tripp
Dr. and Mrs. John E. Turrentine
Dr. and Mrs. Roy W. Vandiver
Dr. and Mrs. Biagio J. Vericella
Dr. and Mrs. James W. Wade II
Dr. and Mrs. Harvey S. Wages Jr.
Dr. and Mrs. Charles W. Wagner
Dr. and Mrs. W. Gamewell Watson
Dr. Benton M. Wheeler
Dr. and Mrs. John E. West
Dr. and Mrs. Cecil F. Whitaker Jr.
Dr. and Mrs. Timothy C. Williams
Dr. and Mrs. Charles K. Williamson
Dr. and Mrs. W. Graham Wood
Mr. Gerald W. Woods and
Dr. Deborah J. Bates
Dr. and Mrs. Neal F. Yeomans
Dr. and Mrs. Timothy R. Young

Businesses and Foundations

The following businesses and foundations have contributed $1,000 or more during fiscal 1995-96.

3M
Abbott Laboratories
Accent on Hair
Allergan, Inc.
Allergy & Immunology Society of Georgia
Allied Bank of Georgia
American Cyanamid Company
American Dairy Queen Corporation
American Society of Maxillofacial Surgeons
Amgen, Inc.
Applied Global Technologies, Inc.
ASAG Augusta Unit
Astra/Merck Group
Augusta Chronicle
Augusta Disposal Recycling, Inc.
Augusta Mall
Augusta Newsprint Company
Augusta Reproductive Biology Assoc.
Augusta Swim League
Babbitt and Johnson, P.A.
Barham-Calhoun Memorial Fund
Bayer Corporation
Bobby Jones Ford
Bradley-Turner Foundation Inc.
Bristol-Myers Squibb Company
C & M Portraits, Inc.
C. Beck & Associates, Inc.
Calvert's LTD
Cancer Federation, Inc.
Carl J. Herzog Foundation, Inc.
Children's Heart Program
Ciba-Geigy Corporation
Clements Trucking Co. Inc.
Coca Cola USA
Coca-Cola Bottling Company United, Inc.
Colgate-Palmolive Company
Computers, Inc.
Cullum Foundation
Dairy Queen
Dialysis Clinic, Inc.
Dorothy Mustin Buttolph Foundation
Drew Exposition
Dublin Lions Club
Dupont Merck Pharmaceutical Company
Eastern District Dental Society
Eastman Kodak Company
Eckerd
Enterprise Rent-A-Car
Evans Middle School
First National Bank of Waynesboro
First Union Foundation
Food Lion, Inc.
Ga. Log a Load for Kids
Georgia Dental Education Foundation, Inc.
Genentech, Inc.
Georgia Academy of Family Physicians
Georgia Association of Pathologists
Georgia Forestry Association
Georgia Power Foundation, Inc.
Goody's Family Clothing
Graniteville Co.
Halliburton NUS
Health 1st Foundation Inc.
Heart Support of America, Inc.
Heinz USA
Hoffman-LaRoche, Inc. - NJ
Hoffmann-LaRoche
Home Quarters Warehouse
Hughes Training Inc. -Link Div.
Impra, Inc.
Indo American Cultural Association
Industrial Rubber & Safety SE, Inc.
International Paper
J.B. White
Janssen Pharmaceutical
JB White/Gayfers
Johnson & Johnson Corporate
Kappa Lambda Chapter of
Omicron-Kappa Upsilon
Kiwanis Club of Augusta, Inc
Knox & Zacks Attorneys
KOA Care Camps
Kroger
Krystal Company
Lions Club of Augusta
Long John Silver's
Macuch Steel Products, Inc.
Marriott
MCG Hospital and Clinics
MCG Housestaff Auxiliary
MCG Research Institute, Inc.
MCG Sertoma Club
Medical Dames
Medtronic
Merck & Company, Inc.
Merry Bros. Brick & Tile Co.
Morris Travel
Musculoskeletal Transplant Foundation
National Hills Lion's Club

North Harlem Elementary School
Nutrasweet Co.
Olin Corporation
Olympus America, Inc.
Owens Corning Fiberglas Corp
Palmer Wireless, Inc.
Paul Knox Middle School
Petite Academy
Pharmacia Inc.
Physicians Practice Group
Pieceful Hearts Quilters
Pizza Hut of America, Inc.
Podium-An Educational Service of Sandoz
Procter & Gamble
Publix Super Markets, Inc.
RE/MAX Masters
RE/MAX of Augusta
Restaurant Management Services, Inc.
Revco
Rhone-Poulenc Rorer Pharmaceutcial, Inc.
Riverside Elementary School
Riverside Middle School
S & S Vending, Inc.
Sam's Club
Sanofi Winthrop Pharmaceutical
Schering Laboratories
Schering Sales Corporation
S.C. Log a Load for Kids
Scott Barrett Memorial
Serono Laboratories, Inc.
Shriners Hospitals For Crippled Children
Smith & Nephew Richards, Inc.
SmithKline Beecham Corporation
SNAA and the Student Nurses Association
Southeastern Council of Foundations
Speedway/Starvin Marvin
Sunbelt Nissan
T-Bones
The Creel Foundation
The Knights Templar Ed. Foundation of GA, Inc.
The Robert W. Woodruff Foundation, Inc.
The Superior Court of The Augusta Judicial Ci rcuit
Toys "R" Us
University Health Care Foundation Inc.
University Hospital Housestaff
Upjohn Company
Wal-Mart Foundation
Wal-Mart Stores
Western Sizzlin of Thomson
Whitehall-Robins
Wyeth-Ayerst Laboratories

Corporate Partnership Program Members

Acura of Augusta
AFLAC
Alison & Associates
Alltel Mobile Communications Inc.
American Speedy Printing
Amoco Performance Products
Augusta Coca-Cola Bottle Co.
Augusta Sportswear Inc.
Bagwell Insurance Services
BellSouth
Biotech Inc.
Blanchard & Calhoun Co.
Brett's Moving & Storage/ United Van Lines
Cellular One
Cherry, Bekaert & Holland
Columbia County Development Authority
Daitch & Co.
Dawson, Taylor & Co.
DSM Chemicals Inc.
E-Z Go Textron Inc.
FastSigns
First Union National Bank
G.D. Searle
Georgia Bank & Trust Company of Augusta
Georgia Iron Works
Georgia Power Co.
Glaxo-Wellcome Inc.
Greenfield Industries
Hoechst Marion Roussel Inc.
Hull, Towill, Norman & Barrett
IBM
John P. King Mill— Division Of Spartan Mills
Johnson Motor Company
Jones Intercable
Kendall Co.
Kimberly-Clark Corp.
Lansing B. Lee Jr., Attorney
Merrill Lynch, Pierce, Fenner & Smith
Meybohm Realty Inc.
Modern Business Equipment Inc.
NationsBank of Georgia
Osbon Medical Systems, Ltd.
Parke-Davis
The Partridge Inn
Pfizer Inc.
Prudential Beazley Real Estate
Radisson Hotel and Convention Center
Regent Security Services Inc.
Richmond County Development Authority
R.W. Allen & Associates Inc.
Sconyers Barbecue
Serotta, Maddocks, Evans & Co.
Sherman & Hemstreet
Southern Roadbuilders (APAC)
SunTrust Bank of Augusta
Trotter Realty
Wachovia Bank of Georgia
Warlick, Tritt, & Stebbins
WBBQ
WFXG-TV 54
Westinghouse Savannah River Co.
WRDW TV Channel 12

Loyalty Club

The following members of the Loyalty Club contributed $500 to $999 during fiscal 1995-96.

Dr. and Mrs. C. Allan Batchelor
Mr. and Mrs. Jon Bloomfield
Dr. and Mrs. Gerald W. Bohanan
Dr. and Mrs. Marion G. Bolin
Dr. Paul A. Bowen II
Mrs. Ruth Ann Camarote
Dr. and Mrs. Sammy A. Caves
Mr. Don Cheeks
Dr. and Mrs. George E. Chisholm
Dr. Beverly L. Connelly
Dr. and Mrs. Jorge I. Cue
Dr. P. Charlton Davis Jr.
Dr. Margaret B. DeVore
Dr. Catherine DeVries
Dr. Bruce I. Diamond
Mr. David Dinges
Dr. and Mrs. Robert S. Donner
Dr. and Mrs. Conrad H. Easley
Dr. Ann M. Flannery
Miss Octavia Garlington
Dr. and Mrs. David J. Gaskin
Mr. and Mrs. Bobby W. Gaston
Dr. R. Clark Gillett Jr.
Dr. and Mrs. James F. Gowen
Ms. Jessica Greenbaum
Dr. and Mrs. Joseph W. Griffin Jr.
Dr. David P. Hall
Dr. and Mrs. Sterling A. Harris Jr.
Dr. and Mrs. Mark H. Hassel
Dr. James M. Heery
Dr. and Mrs. John M. Heng
Mr. and Mrs. Robert R. Heos Sr.
Dr. Joachim Hertel
Mr. William E. Hollingsworth Jr.
Dr. William D. Holsonback
Dr. and Mrs. Isaac F. Holton Jr.
Dr. and Mrs. William R. Howard
Dr. and Mrs. Joseph L. Jackson
Mr. Alexander Kanner
Mr. and Mrs. Thomas Kelly Jr.
Mr. and Mrs. T. E. Kirby
Dr. and Mrs. J. Malcolm Kling
Dr. Walter F. Kuhn
Mr. Kevin W. Kurth
Dr. and Mrs. William R. Lane Jr.
Dr. Fredrick H. Leibach
Dr. and Mrs. Jack L. Lesher Jr.
Dr. and Mrs. Fred A. Levin
Mr. Charles C. Lewis
Mr. Alfred E. Lupien
Dr. and Mrs. William P. McKay
Dr. and Mrs. John M. Miller
Dr. and Mrs. Phillip H. Miller
Dr. and Mrs. Ross H. Miller
Mr. Jeffrey C. Mironov
Mrs. Laura S. Moretz
Dr. and Mrs. Franklin G. Morgan Jr.
Dr. Laura L. Mulloy
Dr. and Mrs. Richard L. Nutt Sr.
Dr. and Mrs. Norris L. O'Dell
Dr. and Mrs. Harvey G. Ouzts
Mr. Eddie K. Parker
Dr. and Mrs. Franklin E. Payne Jr.
Dr. Guerrant H. Perrow
Dr. and Mrs. David W. Perry
Mr. Stewart Phinizy
Dr. Richard Pierzchajlo
Dr. Bette C. Potter
Mr. A. Carroll Proctor Jr.
Dr. and Mrs. Nathan B. Rabhan
Dr. Daniel W. Rahn
Dr. and Mrs. Raghunatha N. Rao
Dr. Howard Rasmussen
Dr. and Mrs. Ralph G. Reese
Dr. and Mrs. Jonathan E. Reimer
Dr. Michael H. Rivner
Mr. William Q. Rountree III
Dr. Carl M. Russell
Mr. and Mrs. Richard E. Sampson
Dr. and Mrs. Floyd S. Sanders
Dr. J. Michael Seward
Dr. David A. Shearer
Dr. and Mrs. Donald M. Sherline
Dr. and Mrs. George L. Shoptaw
Dr. and Mrs. Baldev Singh
Dr. and Mrs. Herbert D. Smith
Dr. and Mrs. W. Valdon Smith
Dr. Maximillian E. Stachura
Mr. and Mrs. Henry Steinberg
Dr. and Mrs. Thomas B. Strozier
Dr. and Mrs. James I. Suit
Dr. Roslyn D. Taylor
Dr. and Mrs. Steven P. Teaver Sr.
Mr. and Mrs. Dwayne E. Tector
Mr. William A. Trotter III
Dr. Jaydev R. Varma
Dr. and Mrs. Daniel F. Ward
Dr. and Mrs. Donald B. Waters
Dr. and Mrs. William Weston III
Mr. Donald C. Wheeler
Ms. Melody A. Williams
Dr. and Mrs. Daniel J. Wood
Dr. Lore K. Wright

Aesculapius Club

The following members of the Aesculapius Club have contributed $250 to $499 during fiscal 1995-96.

Mr. and Mrs. Bryan L. Adams
Dr. and Mrs. William N. Agostas
Mr. and Mrs. Harold L. Anderson Jr.
Dr. William V. Argo Jr.
Dr. Carolyn S. Ashworth
Dr. and Mrs. W. Kenneth Austin Jr.
Dr. Ramon P. Azahar Sr.
Dr. and Mrs. Thomas E. Bailey Jr.
Dr. David C. Ballard III
Dr. and Mrs. Cobb R. Barksdale III
Dr. and Mrs. Grady G. Barnwell Jr.
Dr. and Mrs. Philip R. Bartholomew
Dr. and Mrs. Louis LeGarde Battey
Dr. and Mrs. Jack A. Bell Jr.
Dr. and Mrs. Vincent F. Bergquist Jr.
Dr. Styles L. Bertrand
Dr. and Mrs. Jatinder S. Bhatia
Dr. and Mrs. Nazir A. Bhatti
Mr. Richard R. Bias
Mr. and Mrs. Donald E. Biggerstaff

Dr. and Mrs. Floyd E. Bliven Jr.
Dr. and Mrs. Charles E. Bohler
Dr. Pete N. Bougas Jr.
Dr. James M. Braden
Dr. and Mrs. James H. Braziel III
Dr. Robert J. Brill
Drs. Charles F. and Vickie M. Brown
Dr. and Mrs. Elbert H. Brown
Dr. and Mrs. Thomas M. Browne
Dr. and Mrs. Paul J. Brucker
Mr. and Mrs. Coy Bulluck
Dr. and Mrs. Samuel F. Burke Jr.
Dr. Bruce D. Burleigh
Dr. and Mrs. Edward M. Burton
Dr. and Mrs. C. Daniel Cabaniss
Dr. and Mrs. Gerald E. Caplan
Dr. and Mrs. Richard A. Carithers
Dr. and Mrs. Jeffrey C. Carstens
Dr. and Mrs. William F. Catrett
Dr. W. Franklin Caughman
Dr. and Mrs. Kurt M. Chambless
Dr. and Mrs. William Little Clark Jr.
Dr. and Mrs. Daniel H. Clarke
Mr. and Mrs. Gene Cody
Dr. Chappell A. Collins Jr.
Dr. and Mrs. Alfred O. Colquitt III
Dr. James M. Combs Jr.
Dr. and Mrs. Joseph L. Cowart
Dr. and Mrs. Jackson G. Crowder
Dr. Robert S. Culvern
Dr. and Mrs. James W. Curtis
Dr. and Mrs. Verne E. Cutler
Mr. Woodson B. Daspit
Dr. and Mrs. Harry N. Davis
Dr. and Mrs. W. Bruce Davis
Ms. Barbara J. Debenham
Dr. and Mrs. Joseph T. DiPiro
Dr. and Mrs. Donald Dunagan
Dr. and Mrs. George C. Duncan
Dr. Roy G. Duncan
Ms. Barbara H. Edwards
Dr. and Mrs. J. Harvey Elerson Jr.
Dr. and Mrs. John F. Elliott
Dr. and Mrs. John F. Erbland
Dr. and Mrs. John G. Etheridge
Mr. Robert L. Evans
Dr. and Mrs. G. Jeryl Everidge
Mrs. Sharon P. Faircloth
Dr. Pamela J. Fall
Dr. and Mrs. Harold J. Fallon
Dr. Cynthia K. Fernandez
Dr. and Mrs. Daron G. Ferris
Dr. Ruth-Marie E. Fincher
Dr. Michael H. Finck
Dr. and Mrs. Paul G. Firth
Dr. and Mrs. Arthur C. Fleischer
Dr. and Mrs. Lamar L. Fleming
Dr. and Mrs. Waldo E. Floyd Jr.
Drs. Paul D. and Mary Ann Forney
Dr. and Mrs. Scott C. Foster
Dr. and Mrs. Donald B. Franklin Jr.
Dr. Vadivel Ganapathy
Dr. and Mrs. Pickens A. Gantt
Dr. John W. Gause
Dr. and Mrs. Melvin E. Geer
Dr. and Mrs. George A. Gehrken Jr.
Dr. Raymond L. Gilbert Jr.
Dr. Eleanor R. Glaspy-Benton
Dr. J. Michael Glenn
Dr. and Mrs. Robert D. Golden
Dr. Beth G. Goldstein
Dr. Robert B. Gottschalk Jr.
Dr. John A. Gracy
Dr. and Mrs. Richard G. Gray
Dr. and Mrs. Keith Green
Dr. R. Kevin Grigsby
Dr. Hartmut Gross
Dr. Brenda J. Grossman
Dr. and Mrs. Lewis A. Hamilton Jr.
Dr. and Mrs. Keith A. Hansen
Dr. Sandra S. Harmon
Dr. and Mrs. Herbert S. Harper
Dr. and Mrs. Katrine R. Hawkins
Dr. Ronald G. Hayter
Dr. and Mrs. Carlton W. Hearn
Dr. Lee B. Heery
Dr. Irving D. Hellenga
Dr. Julia E. Hendrich
Dr. Edwin P. Hendricks Jr.
Dr. Wayne W. Herman
Dr. and Mrs. William H. Hoffman
Dr. and Mrs. Thomas A. Huff
Ms. Sandra M. Hutchison
Dr. Carlos M. Isales
Dr. Sidney Isenberg
Drs. Henry J. and Lesley T. Iwinski
Dr. and Mrs. Caesar E. Jackson
Dr. and Mrs. James G. Jackson III
Dr. and Mrs. Jonathan A. Jarman
Dr. Ben W. Jernigan Jr.
Dr. and Mrs. David H. Johnson
Dr. and Mrs. William B. Johnston
Dr. and Mrs. Saunders Jones Jr.
Dr. Michael R. Jordan
Mr. William P. Kanto III
Dr. and Mrs. Alan R. Kaplan
Dr. and Mrs. Thomas E. Kehl
Dr. and Mrs. E. Clyde Kelly III
Dr. Fred J. Kight
Dr. and Mrs. Victor A. Koehler
Dr. Joseph L. Konzelman Jr.
Ms. Loretta A. Lamberth
Dr. Richard A. Lane
Dr. and Mrs. Mark Langsfeld
Dr. Linda M. Lentz
Dr. and Mrs. Joseph B. LeRoy
Dr. and Mrs. Monroe I. Levine
Mr. and Mrs. Joseph Levy
Drs. Daniel B. and Laura J. Lord
Dr. J. Patrick Luke
Dr. and Mrs. Lawrence E. Lykins
Dr. Gerrard F. MaCleod
Dr. and Mrs. David L. Maddox
Dr. and Mrs. Roy A. Majors
Dr. and Mrs. Paul D. Manganiello
Mrs. Pierce E. Marks Jr.
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